INTERNET FORM NLRB-508 (2-08)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION **OR ITS AGENTS**

	FORM EXEMPT UNDER 44 U.S.C 3512		
DO NOT WRITE IN THIS SPACE			
Case 20-CB-200579	Date Filed 6/9/2017		

INSTRUCTIONS: File an original with NLRB Regional Director for th				
1, LABOR ORGANIZATION OR IT	IS AGENTS AGAINST WHICH			
a. Name SEIU		(b) (6), (b) ( Title: (b) (6),		to contact
c. Address (Street, city, state, and ZIP code)		d. Tel. No. (916) 326-5	850	e. Cell No.
1911 F St CA Sacramento 95811-1718		f. Fax No.		g. e-Mail
h. The above-named organization(s) or its agents has (have) engage subsection(s) (list subsections) (1)(A) are unfair practices affecting commerce within the meaning of the meaning of the Act and the Postal Reorganization Act.	of the Natio	onal Labor Re	lations Act.	and these unfair labor practices
2. Basis of the Charge (set forth a clear and concise statement of the	he facts constituting the alleged	d unfair labor j	oractices)	
See additional page		•		NLAT DUN-9 PM 4: 44 SAMFRANCISCO, CA
Name of Employer     Kaiser Permanente South Sacramento		4a. Tel. No.		b. Cell No.
5. Location of plant involved (street, city, state and ZIP code) 6600 Bruceville Rd CA Sacramento 95823-4691				yer representative to contact Cashman nager
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or service	9. Number	er of workers employed
10. Full name of party filing charge		11a. Tel. No (b) (6), (b) (7)		b. Cell No. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)	***	c. Fax No.		d. e-Mail (b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C)	'			
12. DECLARATION I declare that I have read the above charge and that the statements therein are true to	o the best of my knowledge and belie		No. (b) (6), (	b) (7)(C)
By (b) (6), (b) (7)(C) (signature of representative or person making charge) (Print/type	(b) (6), (b) (7)(C) e name and title or office, if any		(b) (6), (	b) (7)(C)
(b) (6), (b) (7)(C)	Title:	Fax e-M		
Address	(date) 06/9/2017	and the second		(b) (7)(C)
WILLEUI, FALSE STATEMENTS ON THIS CHARGE CAN BE PU	NISHED BY FINE AND IMPRI	SOMMENT (	IS CODE	TITLE 18 SECTION 1001)

### 8(b)(1)(A)

Within the previous six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by refusing to process the Charging Party's grievance for arbitrary or discriminatory reasons or in bad faith.

2017 JUN -9 PM 4: 41

ORIGINAL

INTERNET FORM NLRB-508 (2-0a)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION

FORM EXEMPT UNDER 44 U.S.G 3512 DO NOT WRITE IN THIS SPACE Case Date Filed 20-CB-221156 5/30/2018

OR ITS AGENTS

INSTRUCTIONS: File an original with NLRB Regional Director for t			
a. Name SEIU - UHW United Halthcare Workers West	Et. T/1071 145	presentative to contact  Life Cock for Cl  (b) (7)(C)  (b) (6) (5) (7)(C)	
c. Address (street, city, state, and ZiP code) 560 Thomas L. Berkley Way Oakland, UA. 94612	d. Tel Noll all -79 1. Earth Mary Horn 916-524	(b) (6), (b) (7)(C)	.00
h. The above-named organization(s) or its agents has (have) engages subsection(s) (list subsections) are unfair practices affecting commerce within the meaning of the meaning of the Act and the Postal Reorganization Act.	of the National Labor Re Act, or these untair labor practices are untain	lations Act, and these until rabe practices affecting commerce within the	U
2. Basis of the Charge (set forth a clear and correles statement of on 2017 I was fired by (b) (6), (b) (7)(C) to performance and compliance, but whet (b) find for a HIPATViolation who then to	reported to Kais	Cr National Hacana (b) (6), (b) (7)(C)	
on 2007 (b) (6), (b) (7)(C) was question	med by (b) (6), (b) (7)(c)	(C) for did a through HA (b) (6), (b) (7)(0) was the (b) (6), (b) (7)(0) was from HIT haiser and	
question (b) (6), (b) (7)(C)  Shited (b) (6), (b) (7)(C)  the meeting (b) (6), (b) (7)(C)  was then in	stated is willing to work	in antertoted (b) (6), (b) (7)(C) has	
made no attempt to mach out to me. I do no 3. Name of Employer Kaiser Permanente	valle contact with (0) (0 42. Tel. No. 916-61	d. e-Mail	MP.
5. Location of plant involved (street, city, state and ZIP code) 1650 (Acsport Poac) Sacramonto, CA 195815		6. Employer representative to contact Marco Rumo - Administrative Service Manager	
7. Type of establishment (factory, mine, wholesaler, etc.)  M-calcal Offices	8. Identify principal product or service Health Services	9. Number of workers employed	
(b) (6), (b) (7)(C)	(b) (6), (b) (6), (b) (6), (b)	d. e-Mail	2)
(b) (6), (b) (7)(C			<i>)</i>
I declare that I (b) (6), (b) (7)(C) e statements therein a (b) signature (Figure 1)		b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C)	(daie) 5/13/18	b) (6), (b) (7)(C) c) (6), (b) (7)(C)	
WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE P	PUNISHED BY FINE AND IMPRISONMENT (	U.S. CODE, TITLE 18, SECTION 1001)	

UNITED STATES OF AMERICA		DO NOT	WRITE IN THIS SPACE
NATIONAL LABOR RELATIONS BOAR		Case	Date filed
CHARGE AGAINST LABOR ORGANIZATIO AGENTS		2 0-CB-229810	10/23/2018
INSTRUCTIONS: File an original of this charge with to occurred or is occurring.			
	OR ITS AGENTS	AGAINST WHICH CHARGE IS	
a. Name United Health Care Workers, SEIU, Local 2	50	b. Union Representative Donna Mapp	s to Contact
c. Address - 560 Thomas L Berkley Way, Oakland CA 9-	4612	d. Tel. No. 510 251 1250	e.e. Cell No.
		f. Fax No.	g. e-Mail
the Act, or are unfair practices affecting commerce with 2. Basis of the Charge (set forth a clear and conciso state. The Union failed and refused to represent be diam employee in the EVS department. The department of the EVS department. However never received PT Patient Care Committee meeting that (b) (6). (The Union filed a grievance and promised to failing to take action on the grievance, for refailed to return phone calls. The Union (b) (6)	ement of the facts (6), (b) (7)(C) in old for and was O or benefits. b) (7)(C) was er o pursue a grie asons that are	constituting the alleged unfair grievance against the granted a permanent furthe prior (b) (6), (b) (7) intitled to retroactive benevance but has violated the arbitrary and/or invidious	labor practices) e Employer, (a) (a) (b) (7)(c) was a per all time position in EVS (C) stated during a stated
3. Name of Employer		4s. Tel. No.	4b, Cell No.
St. Mary's Medical Center		415 668 1000	1 72 22 22 22 22 22 2
		4c. Fax No.	4d. e-Mail
<ol> <li>Location of Plant involved (street, city, state, and ZIP of 450 Stanyan Street, SF, CA 94117</li> </ol>	code)	6. Employer representat	eve to contact
7. Type of Establishment (factory, mina, wholesaler) hospital	8. Principal pro	oduct or service	9. Number of Workers employed
10. Full name of party filing charge (b) (6), (b) (7)(C)		11a. Tel. No,	11b, Cell No. (b) (6), (b) (7)(C)
		11c. Fax No.	11d e-Mail (b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state, and to (b) (6), (b) (7)(C)			#L/[]. # DCT 2
I declare that I have read the above charge an	12. DECLA		est of my knowledge and belief.
(b) (6), (b) (7)(C)	2 1 2 2 2 2		Tel No. CG, CA
(signature of represen	Print/typ	e name and title or office, if an	y Cell No. (b) (6), (b) (7)(C)
Address:		Date:	Fax No.
(b) (6), (b) (7)(C)		(6.00.1)	
		1/0-22-/8	e-Mail (b) (6), (b) (7)(C)

INTERNET FORM NLRB-508 (2-08)

#### FORM EXEMPT UNDER 44 U.S.C 3512

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

### **CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS**

DO NOT WRITE IN THIS SPACE			
Case 20-CB-230987	Date Filed 11/13/2018		

INSTRUCTIONS: File an original with NLRB Regional Director for the	region in which the alleged u	nfair labor pra	actice occurre	ed or is occurring.
1. LABOR ORGANIZATION OR ITS	S AGENTS AGAINST WHICH			
a. Name		b. Union Re	presentative	to contact
service employees international union united healthcare workers west		(b) (6), (b) (	7)(C)	
		Title:		
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No.
FCO Thomas I. Darklay Way		(510) 521-1	250	
560 Thomas L Berkley Way CA Oakland 94612-1602		f. Fax No.		g. e-Mail
571 Gainana G 1612 1602				
h. The above-named organization(s) or its agents has (have) engaged	in and is (are)engaging in un	rair labor prad	tices within t	the meaning of section 8(b).
subsection(s) (list subsections) (1)(A)	of the Natio	onal Labor Re	lations Act. a	and these unfair labor practices
are unfair practices affecting commerce within the meaning of the A meaning of the Act and the Postal Reorganization Act.	ct, or these unfair labor practi	ces are unfair	practices af	fecting commerce within the
Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the allege	d unfair labor	nracticos)	
2. Dasis of the Charge (set forth a deal and condise statement of the	e racis constituing the alleged	u uman iabor	practices	
See additional page				
. •				
		4- T-I N-		- O-IIN-
3. Name of Employer		4a. Tel. No.		b. Cell No.
kaiser permanente		c. Fax No.		d. e-Mail
				a. o man
			_	
5. Location of plant involved (street, city, state and ZIP code)			6. Employ	er representative to contact
1600 owens st			Title	
CA san francisco 94158			Title:	
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or service	9. Numbe	er of workers employed
10. Full name of party filing charge		11a. Tel. No	).	b. Cell No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7)	(C)	
·		c. Fax No.		d. e-Mail
11. Address of party filing charge (street, city, state and ZIP code.)				(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)				
12. DECLARATION I declare that I have read the above charge and that the statements therein are true to	the heat of my knowledge and helic		. No. (b) (6), (t	o) (7)(C)
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	<u> </u>	l No.	7,(1,(0)
Ву	name and title or office, if any	_	I NO.	
(PIIII/Iype	Title:		No.	
	Huo.			
(b) (6), (b) (7)(C)			Mail (b) (C)	(b) (7)(0)
Address	(date) 11/13/201	8 12:00:05	(b) (b)	, (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

### **Basis of the Charge**

### 8(b)(1)(A)

Within the previous six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by refusing to process the Charging Party's grievance for arbitrary or discriminatory reasons or in bad faith.

	<b>DD</b>	The second secon	OT WRITE IN THIS SPACE
NATIONAL LABOR RELATIONS BOAI CHARGE AGAINST LABOR ORGANIZATIO AGENTS		20-CB-239508	Date filed 4/11/2019
INSTRUCTIONS: File an original of this charge with occurred or is occurring.			which the alleged unfair labor practice
	ON OR ITS AGENTS AG	SAINST WHICH CHARGE I	
a. Name Service Employees Internation	al Union-	(b) (6), (l	o) (7)(C)
United Service Workers West		4 ±350	T
1650 Harbor Bay Pkwy, Suite 200, A	Alameda, CA	d. Tel. No. (510) 437-81 f. Fax No.	
94502-3032		(510)261-20	g. e-Mail
8(b)(1)(A) of the National Labor Relations Act, and the Act, or are unfair practices affecting commerce w.  2. Basis of the Charge (set forth a clear and concise statement of the Union has failed and relations (b) (6), (b) (7)(C) concerning	vithin the meaning of the stement of the facts coefused to p	ne Act and the Postal Reo instituting the alleged unfa rocess the gr sion on (b) (6),	rganization Act. ir labor practices) Tievance filed by (b) (7)(C) 2019
WORK LOCATION	ON- 122		
3. Name of Employer		4a. Tel. No.	4b. Cell No.
Allied Universal		415 926 6424 4c. Fax No.	415 635 7682 4d. e-Mail
5. Location of Plant involved (street, city, state, and ZIP	code)	6 Employer represent	ative to contact
545 Sansome Street, Suite 600 San Francisco CA 94111		Mindy Grinde Regional HR	
7. Type of Establishment (factory, mine, wholesaler)	8. Principal produ	ct or service	Number of Workers employed
Cleaning services	Cleaning s		5. Number of Workers employed
10. Full name of party filing charge		11a. Tel. No.	11b. Cell No. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)		11c. Fax No.	11d e-Mail (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)	ZIP code)	11c. Fax No.	11d e-Mail
(b) (6), (b) (7)(C)			11d e-Mail
(b) (6), (b) (7)(C)  11 Address of party filing charge (street, city, state, and (b) (6), (b) (7)(C)	12. DECLARA	ATION	11d e-Mail (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state, and (b) (6), (b) (7)(C)  I declare that I have read the above charge and	12. DECLARA	ATION	11d e-Mail (b) (6), (b) (7)(C) best of my knowledge and belief.
(b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state, and (b) (6), (b) (7)(C)  I declare that I have read the above charge and	12. DECLARA	ATION ts therein are true to the	11d e-Mail (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state, and (b) (6), (b) (7)(C)  I declare that I have read the above charge and	12. DECLARA	ATION	11d e-Mail (b) (6), (b) (7)(C) best of my knowledge and belief.
(b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state, and (b) (6), (b) (7)(C)  I declare that I have read the above charge and	12. DECLARA and that the statement	ation is therein are true to the , (b) (7)(C)	11d e-Mail (b) (6), (b) (7)(C) best of my knowledge and belief.
(b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state, and (b) (6), (b) (7)(C)  I declare that I have read the above charge and	12. DECLARA  nd that the statement  (b) (6)  An ine	ATION ts therein are true to the	best of my knowledge and belief.  Tel No.
(b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state, and (b) (6), (b) (7)(C)  I declare that I have read the above charge ard (b) (6), (b) (7)(C)  Ve or person making charge)	12. DECLARA  nd that the statement  (b) (6)  An in	ation ts therein are true to the (b) (7)(C) dividual ame and title or office, if	best of my knowledge and belief.  Tel No.  Cell No. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state, and (b) (6), (b) (7)(C)  I declare that I have read the above charge are (b) (6), (b) (7)(C)	12. DECLARA  nd that the statement  (b) (6)  An ine	ATION ts therein are true to the , (b) (7)(C) dividual	best of my knowledge and belief.  Tel No.

Cell No. -(b) (6), (b) (7)(C)

Fax No.

(b)

UNITED STATES OF AMERICA		DO NOT	WRITE IN THIS SPACE
NATIONAL LABOR RELATIONS BOA	ARD	Case	Date filed
CHARGE AGAINST LABOR ORGANIZATI AGENTS		20-CB-243881	6/24/2019
NSTRUCTIONS: File an original of this charge with occurred or is occurring.			
	ON OR ITS AGENTS	AGAINST WHICH CHARGE IS B	
s Name SEIU United Healthcare Workers - West		b. Union Representative Ivan Gaspar	
Address 560 Thomas L. Berkley Way, Oakland, CA	94612	d. Tel. No. (510) 251-1250	e.e. Cell No.
h. The above-named labor organization or its agents h		f. Fax No.	ig a sogrini & Sely-
the meaning of the Act, or are unfair practices affect  Basis of the Charge (set forth a clear and concise st Within the past six months, the above-name exercise of rights protected by Section 7 or monthly dues than what it charges other en	ting commerce within atement of the facts ned labor organiz f the Act by char imployees who a	n the meaning of the Act and the constituting the alleged unfair in zation has restrained and ging Beck objectors, inclu- re not Beck objectors.	coerced employees in the uding (b) (6), (b) (7)(C) nigher
the meaning of the Act, or are unfair practices affect 2. Basis of the Charge (set forth a clear and concise st Within the past six months, the above-name exercise of rights protected by Section 7 or monthly dues than what it charges other en	ting commerce within atement of the facts ned labor organiz f the Act by char imployees who a	n the meaning of the Act and the constituting the alleged unfair in zation has restrained and ging Beck objectors, inclu- re not Beck objectors.	e Postal Reorganization Act.  abor practices)  coerced employees in the
the meaning of the Act, or are unfair practices affect 2. Basis of the Charge (set forth a clear and concise st Within the past six months, the above-name exercise of rights protected by Section 7 or monthly dues than what it charges other ends.  3. Name of Employer Kalser Hospital	ting commerce within atement of the facts ned labor organization of the Act by charmployees who a	the meaning of the Act and the constituting the alleged unfair in the properties of the Act and the constituting the alleged unfair in the constitution has restrained and right Beck objectors, including the properties of the constitution of the c	e Postal Reorganization Act.  abor practices)  coerced employees in the suding (b) (6), (b) (7)(C) nigher  (b) (6), (b) (7)(C) (54pt)  (b) (6), (b) (7)(C)
the meaning of the Act, or are unfair practices affect  Basis of the Charge (set forth a clear and concise st Within the past six months, the above-name exercise of rights protected by Section 7 or monthly dues than what it charges other ends.  Name of Employer Kalser Hospital  Location of Plant involved (street, city, state, and 2):	ting commerce within atement of the facts ned labor organize the Act by charmployees who a labor organized labor organized the Act by charmployees who a labor organized labor	the meaning of the Act and the constituting the alleged unfair in the constituting the alleged unfair in the constituting the alleged unfair in the constitution has restrained and right Beck objectors, include not Beck objectors.  4a. Tel. No.  4a. Tel. No.  4c. Fax No.  6. Employer representation	coerced employees in the uding (b) (6), (b) (7)(C) nigher  (b) (6), (b) (7)(C) nigher  (b) (6), (b) (7)(C)  (c) (6), (b) (7)(C)  (c) (6), (b) (7)(C)
the meaning of the Act, or are unfair practices affect  Basis of the Charge (set forth a clear and concise st Within the past six months, the above-name exercise of rights protected by Section 7 or monthly dues than what it charges other ends.  Name of Employer Kalser Hospital  Location of Plant involved (street, city, state, and 21 and 2025 Morse Avenue, Sacramento, CA 956 Type of Establishment (factory, mine, wholesaler)	ting commerce within atement of the facts ned labor organize the Act by charmployees who a call Center (Code)  6. Principal pro	the meaning of the Act and the constituting the alleged unfair in the constituting the alleged unfair in the constituting the alleged unfair in the constitution has restrained and right Beck objectors, including not Beck objectors.  4a. Tel. No.  4a. Tel. No.  4c. Fax No.  6. Employer representation of the constitution of th	e Postal Reorganization Act.  abor practices)  coerced employees in the suding (b) (6), (b) (7)(C) nigher  (b) (6), (b) (7)(C) (54pt)  (b) (6), (b) (7)(C)
the meaning of the Act, or are unfair practices affect  Basis of the Charge (set forth a clear and concise st Within the past six months, the above-name exercise of rights protected by Section 7 or monthly dues than what it charges other ends.  Name of Employer Kalser Hospital  Location of Plant involved (street, city, state, and 2th 2025 Morse Avenue, Sacramento, CA 956	ting commerce within atement of the facts ned labor organization of the facts the Act by charmployees who a cal Center	the meaning of the Act and the constituting the alleged unfair in the constituting the alleged unfair in the constituting the alleged unfair in the constitution has restrained and right grant beach objectors.  4a. Tel. No.  4a. Tel. No.  4c. Fax No.  6. Employer representation of the constitution of the c	(b) (6), (b) (7)(C)  we to coptact  1000  11b, Cell No.
the meaning of the Act, or are unfair practices affect  Basis of the Charge (set forth a clear and concise st Within the past six months, the above-name exercise of rights protected by Section 7 or monthly dues than what it charges other ends.  Name of Employer Kalser Hospital  Location of Plant involved (street, city, state, and 2th 2025 Morse Avenue, Sacramento, CA 9567. Type of Establishment (factory, mine, wholesaler)	ting commerce within atement of the facts ned labor organize the Act by charmployees who a call Center (Code)  6. Principal pro	the meaning of the Act and the constituting the alleged unfair in the constituting the alleged unfair in the constituting the alleged unfair in the constitution has restrained and right Beck objectors.  4a. Tel. No.  4a. Tel. No.  4c. Fax No.  6. Employer representation of the constitution of the constitu	e Postal Reorganization Act. abor practices) coerced employees in the luding (b) (6), (b) (7)(C) nighter  (b) (6), (b) (7)(C) we to coptact (c) (9, 16, 9, 73, 43, 78) (d) (e) (f) (f) (f) (f) (e) (f) (f) (f) (f) (f)
the meaning of the Act, or are unfair practices affect  Basis of the Charge (set forth a clear and concise st Within the past six months, the above-name exercise of rights protected by Section 7 or monthly dues than what it charges other ends.  Name of Employer Kalser Hospital  Location of Plant involved (street, city, state, and 2th 2025 Morse Avenue, Sacramento, CA 9567. Type of Establishment (factory, mine, wholesaler)	ting commerce within atement of the facts ned labor organization of the facts the Act by charmployees who a Center of Center of the facts of the fac	the meaning of the Act and the constituting the alleged unfair in the properties of the Act and the constituting the alleged unfair in the cation has restrained and right Beck objectors, including the not Beck objectors.  4a. Tel. No.  4a. Tel. No.  4c. Fax No.  6. Employer representation of the car Bugar and the case of the cas	(b) (6), (b) (7)(C)  we to coptact  1000  11b, Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

(b) (6), (b) (7)(C)

itle or office, if any

Date:

1st Amended

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
20-CB-243881	04/17/2020		

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. LABOR ORGANIZATION O	R ITS AGENTS	AGAINST WHICH CHA	RGE IS BROL	IGHT	
ı, Name			b. Union R	epresentativ	e to contact
Service Employees International Union-United Healthca	ere Workers-W	'est	Ivan Gasp	parini	
: Address (Street, city, state, and ZIP code)			d, Tel. No. (510) 251		e. Cell No.
660 Thomas L Berkley Way Dakland, CA 94612-1602			f. Fax. No. (510) 763		A COMMON COMPRON
			g. e-mail igasparin	@seiu-uhv	v.org
<ol> <li>The above-named labor organization has engaged in and is e         (1)(A)         practices affecting commerce within the meaning         the Act and the Postal Reorganization Act.</li> <li>Basis of the Charge (set forth a clear and concise statement)</li> </ol>	ng of the Act, or t	of the Na hese unfair labor practi	tional Labor Roces affecting o	elations Act ommerce w	and these unfair labor
Within the past six months, the above-named labor orgative Section 7 of the Act by charging Beck objectors, included are not Beck objectors. Additionally, the above-name would seek that member's discharge under the contracture.  3. Name of Employer	luding (b) (6), (b) ned labor orga	o) (7)(C), higher mon nization violated the	thly dues that Act by tellin	n what it c g a membo ay their a	harges other employees or in a letter that it
Kaiser Hospital		(916) 973-4378	(530) 306	-4696	C. I da Ivo.
		d. e-mail			
5. Location of plant involved (street, city, state and ZIP code) Kaiser Hospital 2025 Morse Ave Sacramento, CA 95825			6. Employe Oscar Bu	er represent garin, Sup	ative to contact ervisor
T. Type of establishment (factory, mine, wholesaler, atc.)	8. (dentify ; medical	principal product or serv	rice	9. Numbe 1,000	r of workers employed
0. Full name of party filing charge b) (6), (b) (7)(C)					
1. Address of party filing charge (street, city, state and ZIP code) (b) (6), (b) (7)(C)		11a. Tel. No.	b. Cell No. c. Fax No. (b) (6), (b) (7)(C)		c. Fax No.
		d. e-mail (b) (6), (b) (7)(C		proting pro-	
(b) (6), (b) (7)(C)	TION arge and that the	statements		Tel. No.	
(5) (5), (5) (1)(5),	wledge and belie (b) (6), (b	el. ) (7)(C) an Individua		Cell No. b) (6), (b) (	7)(C)
	(Print/type n	eme and little or office, if an	(עי	Fax No.	
Address (b) (6), (b) (7)(C)		Date × 4-10	-20	e-mall (b) (6) (b	) (7)(C)
	-				

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

From: (b) (6), (b) (7)(C)

INTERNET FORM NLRB-508 (2-08)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

	FORM EXEMPT UNDER 44 U.S.C 3512
DO NOT WR	ITE IN THIS SPACE
Case 20-CB-252296	Date Filed 11/20/2019

INSTRUCTIONS: File an original with NLRB Regional Director	for the region in which the alleged OR ITS AGENTS AGAINST WHIC			
a. Name	SITTIO NOLITIO NONING I WINE			ve to contact
SEIU UHW -West		Jonathan	Everha	rt
c. Address (Street, city, state, and ZIP code) 560 Thomas L Berkeley Way		d. Tel. No. (510) 251	-1250	e. Cell No.
Oakland, CA 94612		f. Fax No.		g. e-Mail
h. The above-named organization(s) or its agents has (have) eng subsection(s) (list subsections) (1)(A) are unfair practices affecting commerce within the meaning of meaning of the Act and the Postal Reorganization Act.	of the Na	tional Labor Re	latinne Ar	and these unfair lahor practices
2. Basis of the Charge (set forth a clear and concise statemen.	t of the facts constituting the alleg	ed unfair labor j	oractices)	
Within the past six months, the above-named Union employees in the exercise of rights protected by Se grievance over (b) (6), (b) (7)(C) termination.				
		÷	,	
Name of Employer     Kaiser Permanente Sacramento Call Center		4a. Tel. No. (916) 480-	2403	b. Cell No.
		c. Fax No.		d. e-Mail
Location of plant involved (street, city, state and ZIP code)     3200 Arden Way, Sacramento, CA 95825			2.2	oyer representative to contact Kumar, Supervisor
7. Type of establishment.(fectory, mine, wholesaler, etc.) medical center	Identify principal productioner service	t or service	9. Numi unkno	ber of workers employed Wn
10. Full name of party filing charge (b) (6), (b) (7)(C)		11a. Tel. No. (b) (6), (b) (7)		b. Celi No.
		c. Fax No.		d. e-Mail
(b) (6), (b) (7)(C)	(e.)			(b) (6), (b) (7)(C)
(b) (6), (b) $(7)(C)_{\underline{a_1} \text{ in are}}^{DN}$			(b) (6	), (b) (7)(C)
(Print	Vtype name and lille or office, if an	Fax	No.	
(b) (6), (b) (7)(C) Address	(date)	20 19 e-M	(b) (6	), (b) (7)(C)
WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE	PUNISHED BY FINE AND IMPE	RISONMENT (U	S. CODE	, TITLE 18, SECTION 1001)

		DO NOT WRITE IN THIS SPACE		
NATIONAL LABOR RELATIONS BOARD  CHARGE AGAINST LABOR ORGANIZATION OR IT	Case	Date filed		
AGENTS	20-CB-259605	4/24/2020		
NSTRUCTIONS: File an original of this charge with the NLRB	Regional Director of the region in wh	nich the alleged unfair labor practice		
occurred or is occurring.  1. LABOR ORGANIZATION OR ITS	AGENTS AGAINST WHICH CHARGE IS	BROUGHT		
SEIU UHW		b. Union Representative to Contact		
c. Address 560 Thomas L. Berkley Way, Oakland, CA 94612	d. Tel. No. (510)251-1250	e.e. Cell No.		
	f. Fax No.	g. e-Mail		
n. The above-named labor organization or its agents have engage 8(b)(1)(A) of the National Labor Relations Act, and these unfair the Act, or are unfair practices affecting commerce within the m	labor practices are unfair practices affe	cting commerce within the meaning of		
Within the past six months, the above-named labor exercise of rights protected by Section 7 of the Act refusing to remove (b) (6). (b) (7)(C) and falsely accusing other members including (b) (6)	the facts constituting the alleged unfair is organization has restrained and by acting in a discriminatory or a from was position, despite	labor practices) I coerced employees in the		
. Name of Employer	4a. Tel. No.	4b. Cell No.		
Kaiser	4c. Fax No.	4d. e-Mail		
	40. Tax 140.	40. C-Wall		
. Location of Plant involved (street, city, state, and ZIP code) 975 Sereno Dr., Vallejo, CA 94589	Employer representati     Antonio Suarez D     Services	ve to contact iaz, Director of Environmental		
	ncipal product or service	Number of Workers employed     100		
Full name of party filing charge	11a. Tel. No.	11b. Cell No.		
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)			
	11c. Fax No.	11d e-Mail (b) (6), (b) (7)(C)		
1. Address of party filing charge (street, city, state, and ZIP code)		(C) (C) (C) (C)		
(b) (6), (b) (7)(C)	DECLARATION			
I declare that I have read the above charge and that the	statements therein are true to the be	est of my knowledge and belief.		
(b) (6), (b) (7)(C)		Tel No.		
5y. A	(b) (6), (b) (7)(C) Individual	(b) (6), (b) (7)(C)		
	Print/type name and title or office, if any	Cell No.		
	Date:	Fax No.		

(b) (6), (b) (7)(C)	I'm adding to the investigation the Collowing names this people want to be part of it.
	(b) (6), (b) (7)(C)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS**

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
20-CB-266667	9/24/2020		

INSTRUCTIONS: File an original with NLRB Regional Director for the region  1. LABOR ORGANIZATION OR ITS AGE	and it is the management of the strain of the strain of the strain of the	
SETU UHW		b. Union Representative to contact
c. Address (Street, city, state, and ZIP code)  LG(1 F S + - Sacramento, ca. 9581	7	d. Tel. No. 916 326-5850  f. Fax. No. 510 763-2680  g. e-mail 5210-Uhoveorg
<ul> <li>h. The above-named labor organization has engaged in and is engaging in practices are practices affecting commerce within the meaning of the Act the Act and the Postal Reorganization Act.</li> <li>2. Basis of the Charge (set forth a clear and concise statement of the facts)</li> </ul>	of the Natio	ne meaning of section 8(b) and (list subsections) onal Labor Relations Act, and these unfair labor es affecting commerce within the meaning of
Unton removed me or of Nois leading inform. They have u	<b>9</b> (0) (6).	e avo justice
3. Name of Employer Kaiser Permanente	4a. Tel. No. 916-973-5000	b. Cell No.   c. Fa
5. Location of plant involved (street, city, state and ZIP code)  2025 Morse Ave. Sacramentor CA r 95825		6. Employer representative to contact
Hospital Me	ntify principal product or service edical: Patient Service	A 2000
(b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) ove charge and that my kr (b) (Printly)	the statements  (b) (b) (7)  (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	(C) (b) (6), (b) (7)(C)
(D) (b), (D) (7)(C)	_ Date 9/16/	2020 (b) (6), (b) (7)(C

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

INTERNET FORM NLRB-508 (2-08)

#### FORM EXEMPT UNDER 44 U.S.C 3512

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

# CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
20-CB-273904	3/8/2021		

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

INSTRUCTIONS. File an original with NERB Regional Director for the	region in which the alleged to	mair iabor pra	clice occurre	ea or is occurring.
1. LABOR ORGANIZATION OR ITS	AGENTS AGAINST WHICH			
a. Name		b. Union Rep	resentative	to contact
SEIU UHW		Vicky Jacl	kson	
		Title: Divis	ion Director	
c. Address (Street, city, state, and ZIP code)		d. Tel. No.	-50	e. Cell No.
1911 F st		(916) 326-58	350	a o Moil
CA Sacramento 95811		f. Fax No.		g. e-Mail vjackson@seiu-uhw org
h. The above-named organization(s) or its agents has (have) engaged subsection(s) (list subsections) (1)(A),(3) are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.	of the Natio	onal Labor Rel	ations Act. a	and these unfair labor practices
2. Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the allege	d unfair labor p	ractices)	
See additional page				
See additional page				
2. Name of Employer		4a. Tel. No.		b. Cell No.
Name of Employer     Kaiser Permanente		(916) 200-58	68	b. Con No.
Talso Formation		c. Fax No.		d. e-Mail
				Daphne.crilly@kp.org
Location of plant involved (street, city, state and ZIP code)			6 Employ	l ver representative to contact
1600 Eureka Rd			Daphne	
CA Roseville 95661			Title: Dire	ector of Gastroenterology
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or service	9. Numbe	er of workers employed
10. Full name of party filing charge		11a. Tel. No.		b. Cell No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(	C)	
		c. Fax No.		d. e-Mail
11. Address of party filing charge (street, city, state and ZIP code.)				(b) (6), (b) (7)(C)
(b) (b), (b) (7)(C)				
		1		
12. DECLARATION I declare that Lipave read the above charge and that the statements therein are true to	the best of my knowledge and belie	Tel.	No. (b) (6), (b	o) (7)(C)
CALLET A	(b) (6), (b) (7)(C)	Cell	No.	
(signature of representative or person making charge) (Print/type	name and title or office, if an	<u>/)</u>		
. ,	Title:	Fax	No.	
(b) (8), (b) (7)(C)		e-M	ail	
Address	(dota) 03/08/2021	05:01:10 PM		), (b) (7)(C)
7,001000	(date)		. , . ,	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

### **Basis of the Charge**

### 8(b)(1)(A)

Within the previous six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by refusing to process the Charging Party's grievance for arbitrary or discriminatory reasons or in bad faith.

### 8(b)(3)

Within the previous six months, the above-named labor organization has failed and refused to bargain in good faith with the employer.

FORM EXEMPT UNDER 44 U.S.C 3512

FORM NLRB-508 (3-21)

Address

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION

	DO NOT WRITE IN	THIS SPACE
Case 20-0	CB-279098	Date Filed 6/25/2021

OR ITS AGENTS INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. 1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT b. Union Representative to contact a. Name SHIU United Eleaithcare Workers West c. Address (Street, city, state, and ZIP code) d. Tel. No. e. Cell No. 560 Thomas L Berkley Way (510) 251-1250 Oakland, CA 94612 f. Fax. No. (510) 763-2680 g e-mail The above-named labor organization has engaged in and is engaging in unfair labor practices within the meaning of section 8(b) and (list subsections). of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) The process for reconfiguration of stewards was changed by staff of the union without following the Bylaws and policies. The constituencies were changed without approval of the worksite steward council (per the Bylaws). There was also a new electronic process was flawed. Multiple requests to extend the deadline and/or resolve the issues were not allowed. We were notified on 6/18/2021 those that were not successful with the "new" process will not have reconfirmatin elections processed, and, as of July 11th, will no longer be stewards. Myself and approximately 30 other stewards were effected. 3. Name of Employer 4a, Tel. No. b. Cell No. c. Fax No. Kaiser Foundation Hospital n/a d. e-mail 5. Location of plant involved (street, city, state and ZIP code) 6. Employer representative to contact 975 Sereno Dr, Vallejo, CA 94589 8. Identify principal product or service Type of establishment (factory, mine, wholesaler, etc.) Number of workers employed Hospital Healthcare 10. Full name of party filing charge (b) (6), (b) (7)(C) 11 Address of party filing charge (street, city, state and ZIP code) 11a. Tel No. b. Cell No. c. Fax No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) d. e-mail (b) (6), (b) (7)(C) Tel. No. CLARATION (6), (b) (7 ove charge and that the statements my knowledge and belief. Cell No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (signature of representative or parson making charge (Pnnt/lygg name and title or office, If any) Fax No.

### WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Date

6/20/2021

(b) (6), (b) (7)(C)

UNITED STATES OF AMERICA		DO NOT	WRITE IN THIS SPACE
NATIONAL LABOR RELATIONS BOA	RD	Case	Date filed
CHARGE AGAINST LABOR ORGANIZATION AGENTS	ON OR ITS	20-CB-281180	8/10/2021
INSTRUCTIONS: File an original of this charge with	the NLRB Regi	onal Director of the region in wh	ich the alleged unfair labor practice
occurred or is occurring.	N OR ITS AGEN	TS AGAINST WHICH CHARGE IS E	ROUGHT
a. Name	ON TO AGE	b. Union Representative	
SEIU - UHW		Vicky Jackson	
c. Address 1808 14th Street, Sacramento, CA 95811		d. Tel. No. (916)425-8069	e.e. Cell No.
		f. Fax No.	g. e-Mail vjackson@seiu-uhw.org
<ul> <li>h. The above-named labor organization or its agents hat 8(b)(2) of the National Labor Relations Act, and these Act, or are unfair practices affecting commerce within</li> <li>2. Basis of the Charge (set forth a clear and concise state)</li> <li>Within the past six months, the above-named discipline unit employee (b) (6). (b) (7)(C) and/of failure to tender uniformly required initiation bad faith.</li> </ul>	e unfair labor pro n the meaning of alement of the fa ed labor orga or cause (0)(6)(6)	actices are unfair practices affecting the Act and the Postal Reorganizates constituting the alleged unfair landscatter has attempted to calculate adverse employment actions	g commerce within the meaning of the ation Act.  abor practices)  ause Kaiser Permanente to s for reasons other than the
Name of Employer     Kaiser Permanente		4a. Tel. No.	4b. Cell No.
Naise Permanente		4c. Fax No.	4d. e-Mail lisa.n.clawson@kp.org
5. Location of Plant involved (street, city, state, and ZIP	code)	6. Employer representativ	
2025 Morse Avenue, Sacramento, CA 9582	25	Lisa Clawson	
7. Type of Establishment (factory, mine, wholesaler)		product or service	9. Number of Workers employed
Hospital		are services	200
10. Full name of party filing charge	/ louic of	11a. Tel. No.	11b. Cell No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	
		11c. Fax No.	11d e-Mail
		1,10,100,100	(b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state, and	ZIP code)		
(b) (6), (b) (7)(C)			
	12. DEC	LARATION	
I declare that I have read the above charge an	nd that the state	ements therein are true to the be	st of my knowledge and belief.
(b) (6), (b) (7)(C)			Tel No.
Ву	(b) (6),	(b) (7)(C)	(b) (6), (b) (7)(C)
(sig		ype name and title or office, if any	Cell No.
Address:		Date:	Fax No.
(b) (6), (b) (7)(C)		1020621	e-Mail
		1000021	(b) (6), (b) (7)(C)
			(6) (7) (7) (7)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE

Case

20-CB-282072

Date Filed
08/27/2021

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. LABOR ORGANIZATION (	OR ITS AGENTS	AGAINST WHICH CH	ARGE IS BRO	UGHT			
				b. Union Representative to contact Vicky Jackson			
c. Address (Street, city, state, and ZIP code) 1808 14th Street			d. Tel. No (916) 42:		e. Cell No.		
Sacramento, CA 95811			f. Fax. No	).			
			g. e-mail vjackson	@seiu-uhv	v.org		
h. The above-named labor organization has engaged in and is (1)(A) practices are practices affecting commerce within the meanimeaning of the Act and the Postal Reorganization Act,		of the Na	itional Labor R	Relations Act	, and these unfair labor		
waiving their Section 7 right to refrain from engaging in (b) (6), (b) (7)(C) in retaliation for (b) (6) failing to (b) (a) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	n certain politi sign the aforen	nentioned unlawful p	ledge.				
8. Name of Employer Kaiser Permanente		4a. Tel. No. (916) 973-6962	b. Cell No	b. Cell No. c. Fax No.			
		d. e-mail lisa.n.clawson@kp	org				
5. Location of plant involved (street, city, state and ZIP code) 2025 Morse Avenue Sacramento, CA 95825			6. Employ Lisa Clav		ative to contact		
7. Type of establishment (factory, mine, wholesaler, etc.) Hospital		principal product or services	rice	9. Number 200+	er of workers employed		
I.O. Full name of party filing charge b) (6), (b) (7)(C)	-						
1. Address of party filing charge (street, city, state and ZIP code) b) (6), (b) (7)(C)		11a. Tel. No.	(b) (6), (b	) (7)(C)	c. Fax No.		
		d. e-mail (b) (6), (b) (7)(C)			1		
12. DECLARAT		statements		Tel. No.			
(b) (6), (b) (7)(C) to the best of my known	owledge and belie			Cell No. (b) (6), (b) (	7)(C)		
aking charge)	aking charge) (Print/type name and title or office, if any)			Fax No.			
Address (b) (6), (b) (7)(C)			e-mail (b) (6), (b) (7)(C)				

## WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

2/23/2021 10:13 PM FROM: OfficeMax #6168 TO:	+14153565156 P.	
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UNITED STATES OF AMERICA		DO NO	I WRITE IN THIS SPACE	
NATIONAL LABOR RELATIONS BOA	RD	Case	Date filed	
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS		20-CB-288140	12/23/2021	
INSTRUCTIONS: File an original of this charge with occurred or is occurring.	A 3 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	ON OR ITS AGENTS	AGAINST WHICH CHARGE IS		
a. Name SEIU United Healthcare Worker West		b. Union Representativ	e to Contact	
c. Address 560 Thomas Berkley Way, Oakland, CA 94612		d. Tel. No. 510.251.1250	e.e. Cell No.	
		f. Fax No.	g, e-Mail	
8(b), subsection(s) (1)(A)of the National Labor Relational meaning of the Act, or are unfair practices affecting of 2. Basis of the Charge (set forth a clear and concise state Within the past six months, the above-name exercise of rights protected by Section 7 of regarding a written warning from Step One grievance for arbitrary or discriminatory real	commerce within the idement of the facts ed labor organia the Act by refuse to Step Two an	e meaning of the Act and the I constituting the alleged unfair zation has restrained and sing to process the griev nd by refusing to keep	Postal Reorganization Act. I labor practices) d coerced employees in the vance of (b) (6), (b) (7)(C)	
3. Name of Employer	SOLIS OF III DAG	4a. Tel. No.	4b. Cell No.	
Kalser Permanente		916.973.6113	45. Cell No.	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4c. Fax No.	4d. e-Mail	
<ol> <li>Location of Plant involved (street, city, state, and ZIP 2025 Morse Avenue, Sacramento, CA 9582</li> </ol>		6. Employer represental Jeffrey Posnick	tive to contact	
7. Type of Establishment (factory, mine, wholesaler)		oduct or service	9. Number of Workers employed	
Medical Center	Medical		1000	
10. Full name of party filing charge	i incuitori	11a, Tel. No.	11b. Cell No.	
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)		
		11c. Fax No.	11d e-Mail (b) (6), (b) (7)(C)	
11. Address of party filing charge (street, city, state, and	ZIP code)			
(b) (6), (b) (7)(C)				
I dealers that I have used the above above a	12. DECLA		and of my be audoden and halfaf	
(b) (6), (b) (7)(C)	o that the statem	ents therein are true to the b	Tel No.	
By:	(b) (6),	(b) (7)(C)	(b) (6), (b) (7)(C)	
(signature of representative or person making charge)	Print/type	name and title or office, if any	y Cell No.	
Address:		Date:	Fax No.	
(b) (6), (b) (7)(C)		12-23-2	21 - ма	
		100	e-Mail (b) (6), (b) (7)(C)	

UNITED STATES OF AMERICA		DO NOT V	WRITE IN THIS SPACE	
NATIONAL LABOR RELATIONS BOARD		Case	Date filed	
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS		20-CB-289765	01/28/2022	
INSTRUCTIONS: File an original of this charge with occurred or is occurring.	the NLRB Regio	nal Director of the region in whi	ch the alleged unfair labor practice	
	ON OR IT'S AGENT	S AGAINST WHICH CHARGE IS BI	ROUGHT	
a, Name SEIU - UHW		b. Union Representative     Audrey Martinez     Field Representative		
c. Address 560 20th Street, Oakland, CA 94612		d. Tel. No. (916) 997-9118	e.e. Cell No.	
33.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.		f. Fax No.	g. e-Mail almartinez@seiu-uhw.org	
exercise of rights protected by Section 7 of regarding religious discrimination	ing commerce with element of the fact named labor of the Act by refi	nin the meaning of the Act and the is constituting the alleged unfair la organization has restrained using to file and process the	Postal Reorganization Act. bor practices) and coerced employees in the e grievances of (b)(6)(6)(7)(c)	
bad faith. 3. Name of Employer		4a. Tel. No.	4b. Cell No.	
Kaiser Permanente			914.594.5490	
		910 . 525 . 6941	4d. e-Mail justin.c.ko@kp.org	
5. Location of Plant involved (street, city, state, and ZIP	code)	6. Employer representativ		
6600 Bruceville Road, Sacramento, CA 950	823	Justin Ko		
7. Type of Establishment (factory, mine, wholesaler)		roduct or service	9. Number of Workers employed	
hospital	healthcar	e	100	
10. Full name of party filing charge	Hourisa	11a. Tel. No	11b. Cell No.	
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	1.00 63/3	
		11c. Fax No.	(b) (6), (b) (7)(C)	
11. Address of party filing charge (street, city, state, and	ZIP code)			
(b) (6), (b) (7)(C)	40 050	ADATION		
I declare that I have read the above charge ar	12. DECL		t of my knowledge and helief	
(b) (6), (b) (7)(C)		), (b) (7)(C)		
(signature of representative or person making charge)			Cell No.	
C. A. Land Co. A. L.	0,000			
Address: (b) (6), (b) (7)(C)		Date:	Fax No.	
		01/20/2022	e-Mail (b) (6), (b) (7)(C)	

INTERNET FORM NLRB-508 (2-08)

#### FORM EXEMPT UNDER 44 U.S.C 3512

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

**CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS** 

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
21-CB-206427	09-18-2017			

INSTRUCTIONS: File an original with NLRB Regional Director for the	region in which the alleged u	nfair labor prac	ctice occurre	ed or is occurring.
1. LABOR ORGANIZATION OR ITS	AGENTS AGAINST WHICH	CHARGE IS	BROUGHT	
a. Name		b. Union Rep	resentative	to contact
SEIU UHW		(b) (6), (b) (	7)(C)	
		Title: (b) (	6), (b) (7)(	C)
		(5) (	5), (b) (1)(	<u> </u>
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No.
, , , , , , , , , , , , , , , , , , , ,		(323) 734-83	99	(b) (6), (b) (7)(C)
5480 Ferguson Dr CA Commerce 90022-5119		f. Fax No.		g. e-Mail
CA Confinence 30022-3113		(323) 721-35	38	info@seiu-uhw.org
h. The above-named organization(s) or its agents has (have) engaged	in and is (are)engaging in un	l fair labor pract	ices within t	he meaning of section 8(b).
subsection(s) (list subsections) (1)(A)	of the Natio	onal Labor Rela	ations Act, a	and these unfair labor practices
are unfair practices affecting commerce within the meaning of the Ameaning of the Act and the Postal Reorganization Act.	ct, or these unfair labor practi	ces are unfair	practices aff	fecting commerce within the
Basis of the Charge (set forth a clear and concise statement of the	a facts constituting the allege	d unfair labor n	racticos)	
2. Dasis of the Charge (set forth a deal and condise statement of the	e racis consuluting the alleged	и интан тарог р	raciices)	
See additional page				
Name of Employer		4a. Tel. No.	11	b. Cell No.
Desert Regional Hospital		(760) 323-65 c. Fax No.	11	d. e-Mail
		C. Tax No.		u. e-ividii
5. Location of plant involved (street, city, state and ZIP code)				er representative to contact
1150 N Indian Canyon Dr			Steve Bal	
CA Palm Springs 99226-2226			Title: Assi	istant director
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or service	9. Numbe	r of workers employed
Others	hospital		1000	
10. Full name of party filing charge		11a. Tel. No.		b. Cell No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(	C)	(b) (6), (b) (7)(C)
(S)(S), (B)(T)(S)		c. Fax No.		d. e-Mail
11. Address of party filing charge (street, city, state and ZIP code.)		(b) (6), (b) (7)(	C)	(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)				
12. DECLARATION		Tel.		N/7VC)
I declare that I have read the above charge and that the statements therein are true to			(b) (6), (b	) (r)(C)
	) (6), (b) (7)(C)	Cell	(b) (6), (b	o) (7)(C)
(signature of representative or person making charge) (Print/type	name and title or office, if any	/) Fax	No.	
(b) (C) (b) (7)(C)	Title:		(b) (6), (b	b) (7)(C)
(b) (6), (b) (7)(C)		e-M		(1) (7)(0)
Address	(date) 09/17/201	7 16:16:41	(b) (6)	, (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

### **Basis of the Charge**

### 8(b)(1)(A)

Within the previous six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by refusing to process the Charging Party's grievance for arbitrary or discriminatory reasons or in bad faith.

INTERNET FORM NLRB-508 (2-08)

#### FORM EXEMPT UNDER 44 U.S.C 3512

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

# CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE					
21-CB-254817	Date Filed <b>01-16-2020</b>				

NSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

INSTRUCTIONS. File an original with NLRB Regional Director for the	region in which the alleged u	mair iabor pra	cuce occurre	ea or is occurring.
1. LABOR ORGANIZATION OR ITS	S AGENTS AGAINST WHICH	CHARGE IS	BROUGHT	
a. Name		b. Union Rep	oresentative	to contact
Service Employees International Union - United Healthcare Workers V	Vest (SEIU-UHW)	(b) (6), (b	o) (7)(C)	
		Title: (b) (6	), (b) (7)(C)	
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No.
1050 Linden Ave		(562) 491-90	000	(b) (6), (b) (7)(C)
CA Long Beach 90813-		f. Fax No.		g. e-Mail
				(b) (6), (b) (7)(C)
h. The above-named organization(s) or its agents has (have) engaged	in and is (are) engaging in un	fair labor prac	tices within t	the meaning of section 8(b),
subsection(s) (list subsections) (1)(A)	of the Natio	onal Labor Rel	ations Act a	and these unfair labor practices
are unfair practices affecting commerce within the meaning of the A meaning of the Act and the Postal Reorganization Act.	ct, or these unfair labor practi	ces are unfair	practices at	fecting commerce within the
Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the allege	d unfair labor i	oractices)	
2. Busis of the charge (see forth a deal and concise statement of the	cracis constituting the alleger	a arrian rabor p	ractices	
See additional page				
				L. O.IIN
Name of Employer		4a. Tel. No.	200	b. Cell No.
Dignity Health St. Mary's Medical Center		(562) 491-96 c. Fax No.	990	d. e-Mail
		C. Tax No.		Julie.Quintana@DignityHealth.org
				Julie. Quintana@Dignityr lealth.org
5. Location of plant involved (street, city, state and ZIP code)				er representative to contact
1050 Linden Ave.			Julie Quir	
CA Long Beach 90813			Title: Sr.	Director of Surgical Services
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or service	9. Numbe	er of workers employed
Healthcare Facilities	Hospital		400	
10. Full name of party filing charge		11a. Tel. No		b. Cell No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7)	(C)	
$(\mathcal{S})(\mathcal{S}), (\mathcal{S})(\mathcal{T})(\mathcal{S})$		c. Fax No.		d. e-Mail
11. Address of party filing charge (street, city, state and ZIP code.)				(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)				
12. DECLARATION		Tel.	No.	1 (7)(0)
I declare that I have read the above charge and that the statements therein are true to			(b) (6), (l	b) (7)(C)
	(b) (6), (b) (7)(C)	Cell	No.	
(signature of representative or person making charge) (Print/type		y) Fax	No	
	Title:	l'ax	110.	
(b) (6), (b) (7)(C)		e-M		
Address	(date) 01/16/202	0 17:17:15	(b) (6)	), (b) (7)(C)
	- 1			

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

### **Basis of the Charge**

### 8(b)(1)(A)

Within the previous six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by refusing to process the Charging Party's grievance for arbitrary or discriminatory reasons or in bad faith.

CB-283560 of the region in which	9-27-2021
of the region in which	
Y and a second	the alleged unfair labor practice
HICH CHARGE IS BR	and aneged diffall labor practice
nion Representative to	o Contact
l. No. 23) 734-8399	e. Cell No.
( No.	g. e-Mail
r practices are unfair ng of the Act and the the alleged unfair lat sentation by failin itrary, discriminal	ng to represent the charging tory or in bad faith.
el. No. 26) 851-5144	4b. Cell No.
ax No.	4d. e-Mail
ployer representative	to contact
rice	Number of Workers employed     100
Tel. No. ) (6), (b) (7)(C)	11b. Cell No.
Fax No.	11d e-Mail (b) (6), (b) (7)(C)
are true to the hes	t of my knowledge and helief
are true to the bes	Tel No.
	(b) (6), (b) (7)(C)
title or office, if any	Cell No.
Date:	Fax No.
֡֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	Tel. No.  (6), (b) (7)(C)  Fax No.  are true to the best

NATIONAL LABOR RELATIONS BOARD  CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS  21-CB-294158  4/14/22  INSTRUCTIONS: File an original of this charge with the NLRB Regional Director of the region in which the alleged unfair labor practice occurred or is occurring.  1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT.  a. Name SEIU UHW West  D. Union Representative to Contact  (b) (6), (b) (7)(C)  C. Address  C. Address  C. Address  G. Tel. No. G. Fax No	UNITED STATES OF AMERICA		DO NOT	WRITE IN THIS SPACE
AGENTS  INSTRUCTIONS: File an original of this charge with the NLRB Regional Director of the region in which the alleged unfair labor prace occurred or is occurring.  ILABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGETS BROUGHT  I. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGETS BROUGHT  II. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGETS BROUGHT  III. UNION Representative to Contact  (b) (6), (b) (7)(C)  III. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGETS BROUGHT  III. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGETS BROUGHT  III. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGETS BROUGHT  III. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGETS BROUGHT  III. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGETS BROUGHT  III. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGETS BROUGHT  III. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGETS BROUGHT  III. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGETS BROUGHT  III. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGETS BROUGHT  III. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGETS BROUGHT  III. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGETS BROUGHT  III. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGETS BROUGHT  III. LABOR ORGANIZATION III. LABOR OR ITS AGENTS AGAINST WHICH CHARGETS BROUGHT  III. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGETS BROUGHT  III. LABOR ORGANIZATION III. LABOR OR IN III. LABOR OR IN III. LABOR OR III. LAB				
a. Name SEIU UHW West  1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT a. Name SEIU UHW West  2. Address 5480 Ferguson Drive, Los Angeles, CA 90022  3. Tel No.  4. Tel No.  5. Union Representative to Contact (b) (6), (b) (7)(C)  6. Tel No.  6. Tel No.  6. Tel No.  6. Tel No.  6. Fax No.  7. Fax No.  9. e-Mail  1. The above-named labor organization or its agents have engaged in and are engaging in unfair labor practices affecting commerce within the meaning of the Act, or are unfair labor practices affecting commerce within the meaning of the Act and the Police and International Process affecting commerce within the meaning of the Act and the Police and International Process affecting commerce within the meaning of the Act and the Police and International Process affecting commerce within the meaning of the Act and the Police and International Process affecting commerce within the meaning of the Act and the Police and International Process affecting commerce within the meaning of the Act and International Process affecting commerce within the meaning of the Act and International Process affecting commerce within the meaning of the Act and International Process affecting commerce within the meaning of the Act and International Process affecting commerce within the meaning of the Act and International Process affecting commerce within the meaning of the Act and International Process affecting commerce within the meaning of the Act and International Process affecting commerce within the meaning of the Act and International Process affecting commerce within the meaning of the Act and International Process affecting commerce within the meaning of the Act and International Process affecting commerce within the meaning of the Act and International Process affecting commerce within the meaning of the Act and International Process affecting commerce within the last statements there in an additional Process affecting commerce within the Last Statement and International Process affecting commerce within			The state of the s	
a. Name SEIU UHW West  C. Address 5480 Ferguson Drive, Los Angeles, CA 90022  D. Union Representative to Contact (b) (6), (b) (7)(C)  G. Tel. No. (657)263-8606 G. e.e. Cell No. (657)264-8616 G. e.e. Cell No. (657)264-		e NLRB Regiona	I Director of the region in wh	ich the alleged unfair labor practice
a. Name SEIU UHW West  C. Address 5480 Ferguson Drive, Los Angeles, CA 90022  d. Tel. No. (857)263-8606 F. Fax No. g. e-Mail  h. The above-named labor organization or its agents have engaged in and are engaging in unfair labor practices within the meaning of section (91/4) of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.  Beals of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices of graphs to receive a statement of the facts constituting the alleged unfair labor practices of (b) (6), (b) (7)(C) regarding harassment and mistreatment by a supervisor for arbitrary or discriminatory reasons in bad failth.  Namer of Employer  Kaiser Permanente Medical Center-Anaheim  Act. Fax No.  Type of Establishment (factor), mine, whole saler)  Hospital  1000  11a. Fel No.  11b. Cell No.  (b) (6), (b) (7)(C)  11c. Fax No.  (b) (6), (b) (7)(C)  11d. Eax No.  (c) (b) (6), (b) (7)(C)  11d. Eax No.  (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f		OR ITS AGENTS	AGAINST WHICH CHARGE IS B	ROUGHT
c. Address 5480 Ferguson Drive, Los Angeles, CA 90022  d. Tel. No. (657)263-8606 f. Fax No. g. e.e. Cell No. (657)263-8606 f. Fax No. (657)263-8606 f. Fax No. g. e.e. Cell No. (657)263-8606 f. Fax N	a. Name			
5480 Ferguson Drive, Los Angeles, CA 90022  (657)263-8606 f. Fax No. g. e-Mail  In the above-named labor organization or its agents have engaged in and are engaging in unfair labor practices affecting commerce with the meaning of the Act, or are unfair practices affecting commerce within the meaning of the Act, or are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.  2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the altergod unfair labor practices)  Since about a time within the last six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by refusing to process the grievances of ((b) (6), (b) (7)(C) regarding harassment and mistreatment by a supervisor for arbitrary or discriminatory reasons in bad faith.  3. Name of Employer  Kaiser Permanente Medical Center-Anaheim  4a. Tel.No.	SEIU UHW West		(b) (6), (b) (7)(C)	
5480 Ferguson Drive, Los Angeles, CA 90022  (657)263-8606 f. Fax No. g. e-Mail  In the above-named labor organization or its agents have engaged in and are engaging in unfair labor practices affecting commerce with the meaning of the Act, or are unfair practices affecting commerce within the meaning of the Act, or are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.  2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the altergod unfair labor practices)  Since about a time within the last six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by refusing to process the grievances of ((b) (6), (b) (7)(C) regarding harassment and mistreatment by a supervisor for arbitrary or discriminatory reasons in bad faith.  3. Name of Employer  Kaiser Permanente Medical Center-Anaheim  4a. Tel.No.	c. Address	_	d Tel No	Lee Cell No
h. The above-named labor organization or its agents have engaged in and are engaging in unfair labor practices within the meaning of section (6), subsection (6) (1) (A) of the National Labor Relations Act, and these unfair labor practices within the meaning of section (6), subsection (6) (1) of the National Labor Relations Act, and these unfair labor practices affecting commerce with the meaning of the Act or are unfair practices affecting commerce with the meaning of the Act and Postal Recognarization Act.  2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices.)  Since about a time within the last six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by refusing to process the grievances of (b) (6), (b) (7)(C) regarding harassment and mistreatment by a supervisor for arbitrary or discriminatory reasons in bad faith.  3. Name of Employer  Kaiser Permanente Medical Center-Anaheim  714 - 242 - 3016  4c. Fax No.  4d Mail  714 - 242 - 3016  4d Fax No.  4d Mail  714 - 242 - 3016  4d Mail  715 - Mail  716 - Mail  717 - Mail  718 - Mail  718 - Mail  719 - Mail  719 - Mail  719 - Mail	5480 Ferguson Drive, Los Angeles, CA 9000	22		
8(b), subsection(s) (1)(A) of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce with the meaning of the Act, or are unfair practices affecting commerce with the meaning of the Act or are unfair practices affecting commerce with the meaning of the Act or and the Postal Recognation Act.  2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices). Since about a time within the last six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by refusing to process the grievances of (b) (6), (b) (7)(C) regarding harassment and mistreatment by a supervisor for arbitrary or discriminatory reasons in bad faith.  3. Name of Employer  Kaiser Permanente Medical Center-Anaheim  4a. Tel. No.				g. e-Mail
3. Name of Employer Kaiser Permanente Medical Center-Anaheim  4a. Tel. No y 4228 4b. Cel No. 714 - 242 - 8 016  4c. Fax No. 4d. e-Mail Resources  5. Location of Plant involved (street, city, state, and ZIP code)  3430 E. La Palma Avenue, Anaheim, CA 92807  7. Type of Establishment (factory, mine, wholesaler)  Hospital  10. Full name of party filing charge  (b) (6), (b) (7)(C)  (b) (6), (b) (7)(C)  11a. Tel. No. (b) (6), (b) (7)(C)  11b. Cell No. (b) (6), (b) (7)(C)  11c. Fax No. (b) (6), (b) (7)(C)  11d. Address of party filing charge (street, city, state, and ZIP code)  (b) (6), (b) (7)(C)  12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)  Print/type name and title or office, if any  Cell No.  (b) (6), (b) (7)(C)  Print/type name and title or office, if any  Cell No.  (b) (6), (b) (7)(C)  Point type name and title or office, if any  Cell No.  (b) (6), (b) (7)(C)  Point type name and title or office, if any  Cell No.	the meaning of the Act, or are unfair practices affectin  2. Basis of the Charge (set forth a clear and concise state Since about a time within the last six months employees in the exercise of rights protected (b) (6), (b) (7)(C) regarding harassment and	g commerce within ement of the facts s, the above-na d by Section 7	n the meaning of the Act and the constituting the alleged unfair to amed labor organization be of the Act by refusing to p	e Postal Reorganization Act.  abor practices)  nas restrained and coerced  process the grievances of
Kaiser Permanente Medical Center-Anaheim  714 - 644 - 2000  4c. Fax No.  4d. e-Mail  2d. d- e-Mail  2d. e-Mail				
Kaiser Permanente Medical Center-Anaheim  714 - 244 - 200  4c. Fax No.  4d. e-Mail  2d. e-			1 - 122	4b. Cell No.
5. Location of Plant involved (street, city, state, and ZIP code)  3430 E. La Palma Avenue, Anaheim, CA 92807  7. Type of Establishment (factory, mine, wholesaler) Hospital  10. Full name of party filing charge (b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state, and ZIP code) (b) (6), (b) (7)(C)  12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)  12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)  Print/type name and title or office, if any  Cell No.  Date:  (b) (6), (b) (7)(C)  Pale I in I i	Kaiser Permanente Medical Center-Anahein	n	714-644-2000	714-292-8016
5. Location of Plant involved (street, city, state, and ZIP code) 3430 E. La Palma Avenue, Anaheim, CA 92807 7. Type of Establishment (factory, mine, wholesaler) Hospital 10. Full name of party filing charge (b) (6), (b) (7)(C) 11a. Tel No. (b) (6), (b) (7)(C) 11b. Cell No. (c) (b) (6), (b) (7)(C) 11c. Fax No. (d) (6), (b) (7)(C) 11d. Address of party filing charge (street, city, state, and ZIP code) (b) (6), (b) (7)(C) 12. DECLARATION 1 declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief. (b) (6), (b) (7)(C)  Print/type name and title or office, if any  Cell No.  Address: (b) (6), (b) (7)(C)  Print/type name and title or office, if any  Cell No.			4c. Fax No.	Paul . E. 602 Exp. org
7. Type of Establishment (factory, mine, wholesaler) Hospital 10. Full name of party filing charge (b) (6), (b) (7)(C)  11a. Tel. No. (b) (6), (b) (7)(C)  11b. Cell No. (b) (6), (b) (7)(C)  11c. Fax No. (b) (6), (b) (7)(C)  11d. e-Mail (b) (6), (b) (7)(C)  11d. Address of party filing charge (street, city, state, and ZIP code) (b) (6), (b) (7)(C)  12. DECLARATION I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)  (c) (b) (6), (b) (7)(C)  (d) (6), (b) (7)(C)  Print/type name and title or office, if any  Cell No.  Address: (b) (6), (b) (7)(C)  Date: (c) (6), (b) (7)(C)  e-Mail	5. Location of Plant involved (street, city, state, and ZIP of	ode)	6. Employer representativ	
7. Type of Establishment (factory, mine, wholesaler) Hospital 10. Full name of party filing charge (b) (6), (b) (7)(C)  11a. Tel. No. (b) (6), (b) (7)(C)  11b. Cell No. (b) (6), (b) (7)(C)  11c. Fax No. (b) (6), (b) (7)(C)  11d. e-Mail (b) (6), (b) (7)(C)  11d. Address of party filing charge (street, city, state, and ZIP code) (b) (6), (b) (7)(C)  12. DECLARATION I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)  (c) (b) (6), (b) (7)(C)  (d) (6), (b) (7)(C)  Print/type name and title or office, if any  Cell No.  Address: (b) (6), (b) (7)(C)  Date: (c) (6), (b) (7)(C)  e-Mail	3430 F. La Palma Avenue Anaheim CA 92	807	Paul Guz Human F	Resources
Hospital  10. Full name of party filing charge (b) (6), (b) (7)(c)  11a. Tel. No. (b) (6), (b) (7)(c)  11c. Fax No. (b) (6), (b) (7)(c)  11c. Fax No. (b) (6), (b) (7)(c)  11d. e-Mail (b) (6), (b) (7)(c)  11d. Address of party filing charge (street, city, state, and ZIP code) (b) (6), (b) (7)(c)  12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  Tel No.  (b) (6), (b) (7)(c)  (b) (6), (b) (7)(c)  Print/type name and title or office, if any  Address: (b) (6), (b) (7)(c)  Party January Cell No.  Date: (b) (6), (b) (7)(c)  Party January Cell No.  Date: (b) (6), (b) (7)(c)  Party January Cell No.				9. Number of Workers employed
11a. Tel No. (b) (6), (b) (7)(C)  11a. Tel No. (b) (6), (b) (7)(C)  11c. Fax No. (b) (6), (b) (7)(C)  11d. e-Mail (b) (6), (b) (7)(C)  11d. e-Mail (b) (6), (b) (7)(C)  11d. e-Mail (b) (6), (b) (7)(C)  12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)  (c) (b) (6), (b) (7)(C)  (d) (e), (e), (f) (f), (f) (f), (f) (f), (f), (f),				1000
(b) (6), (b) (7)(C)  11c. Fax No. (b) (6), (b) (7)(C)  11d. Eax No. (b) (6), (b) (7)(C)  11d. Address of party filing charge (street, city, state, and ZIP code)  (b) (6), (b) (7)(C)  12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)  (b) (6), (b) (7)(C)  (b) (6), (b) (7)(C)  (c) (b) (6), (b) (7)(C)  Print/type name and title or office, if any  Address: (b) (6), (b) (7)(C)  Date:  (b) (6), (b) (7)(C)  Party		ricalticale		1877
11c. Fax No. (b) (6), (b) (7)(C)  11. Address of party filling charge (street, city, state, and ZIP code) (b) (6), (b) (7)(C)  12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)  (b) (6), (b) (7)(C)  (b) (6), (b) (7)(C)  (c) Print/type name and title or office, if any  Address: (b) (6), (b) (7)(C)  Date: (b) (6), (b) (7)(C)  Party 2 2 2 2 7  (c) (d) (e-Mail)			11/1/2019/2019/2019	
(b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state, and ZIP code)  (b) (6), (b) (7)(C)  12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)  (b) (6), (b) (7)(C)  (c) (b) (6), (b) (7)(C)  Print/type name and title or office, if any  Address: (b) (6), (b) (7)(C)  Date:  (b) (6), (b) (7)(C)  Print/type name and title or office, if any  Cell No.				444 - 14-3
11. Address of party filing charge (street, city, state, and ZIP code)  (b) (6), (b) (7)(C)  12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)  (b) (6), (b) (7)(C)  Print/type name and title or office, if any  Address: (b) (6), (b) (7)(C)  Date:  (b) (6), (b) (7)(C)  Print/type name and title or office, if any  Cell No.				
(b) (6), (b) (7)(C)  12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)  (b) (6), (b) (7)(C)  (b) (6), (b) (7)(C)  Print/type name and title or office, if any  Address: (b) (6), (b) (7)(C)  Date:  (b) (6), (b) (7)(C)  Part of the declared that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  Tel No.  Cell No.  Address: (b) (6), (b) (7)(C)  Print/type name and title or office, if any  Cell No.  Date:			(b) (b), (b) (1)(C	(b) (d), (b) (7)(C)
12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(c)  (b) (6), (b) (7)(c)  (c) (b) (6), (b) (7)(c)  Print/type name and title or office, if any  Address: (b) (6), (b) (7)(c)  Date: (b) (6), (b) (7)(c)  e-Mail	<ol> <li>Address of party filing charge (street, city, state, and 2</li> </ol>	(IP code)		
I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(c)  (b) (6), (b) (7)(c)  (b) (6), (b) (7)(c)  Print/type name and title or office, if any  Address: (b) (6), (b) (7)(c)  Date: (b) (6), (b) (7)(c)  e-Mail	(b) (6), (b) (7)(C)			
(b) (6), (b) (7)(C)  (b) (6), (b) (7)(C)  (b) (6), (b) (7)(C)  (b) (6), (b) (7)(C)  (c) (b) (6), (b) (7)(C)  (d) (6), (b) (7)(C)  (e-Mail		12. DECLAR	RATION	
(b) (6), (b) (7)(c)  (b) (6), (b) (7)(c)  (b) (6), (b) (7)(c)  (c) (b) (6), (b) (7)(c)  (d) (6), (b) (7)(c)  (e-Mail	I declare that I have read the above charge and	that the statemen	nts therein are true to the bes	t of my knowledge and belief.
(b) (6), (b) (7)(C)  Print/type name and title or office, if any  Date:  (b) (6), (b) (7)(C)  Cell No.  (b) (6), (b) (7)(C)  Print/type name and title or office, if any  Cell No.  (b) (6), (b) (7)(C)  Print/type name and title or office, if any  Cell No.  (c) (6), (b) (7)(C)	(b) (6), (b) (7)(C)			Tel No.
Address:  (b) (6), (b) (7)(C)  Date:  (b) (6), (b) (7)(C)  Print/type name and title or office, if any Cell No.  (b) (6), (b) (7)(C)		(b) (6) (	b) (7)(C)	(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C) (D) (6), (b) (7)(C)				
(b) (6), (b) (7)(C) (D) (6), (b) (7)(C)	Address		Date:	- W
05/1-/7 - 2/27 e-Mail	CONTROL TO THE CONTRO		Date.	(b) (6), (b) (7)(C)
	(b) (b), (b) (1)(c)		222 14 4444	
			04-15-5055	

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

2022 APR 14 PM 3:58

UNITED STATES OF AMERICA		DO NOT V	RITE	N THIS SPACE	
NATIONAL LABOR RELATIONS BOAR		Case	Date		
CHARGE AGAINST LABOR ORGANIZATION AGENTS		31-CB-188979		11/29/2016	
ISTRUCTIONS: File an original of this charge with	the NLRB Regions	al Director of the region in which	h the a	leged unfair labor practice	
courred or is occurring.	N OR ITS AGENTS	AGAINST WHICH CHARGE IS BE	OUGH		
Name		b. Union Representative to			
SEIU UHW		(b) (6), (b) (	7)(C		
Address		d. Tel. No.	1/1-	\(\( \( \) \	
5480 Ferguson Dr.		(323)734-8399		) (6), (b) (7)(	
Los Angeles, CA 90022-5119,		f. Fax No.			
The above-named labor organization or its agenta ha	hae an bencame ave	(323)721-3538	tions w	o@seiu-uhw.org	
3(b), subsection (1)(A) of the National Labor Relation	he Act, and these up	rifair labor practices are unfair pra	ctices :	fecting commerce within the	
meaning of the Act, or are unfair practices affecting of	commerce within the	e meaning of the Act and the Pos	tal Reo	panization Act	
Basis of the Charge (set forth a clear and concise ste	itement of the facts	constituting the alleged unfair lai	or prac	foes)	
				1	
Within the last six months the shows some	of labor assault	ation has materiand and a	00000	Comployees to the	
Within the last six months, the above name	u labor organiz	audii nas lestrained and c	perce	employees in the	
exercise of rights protected by Section 7 of	the Act by refus	sing to file and/or process	the gri	evance of (1)(0,(0)	
(b) (6), (b) (7)(c) for arbitrary or discriminatory re	asons or in bad	faith.			
Name of Employer	-	4a. Tel. No.	4b.	ell No.	
Cedars Sinai Medical Center		(310) 423-5565			
		4c. Fax No.		Mail	
Location of Plant involved (street, city, state, and ZIP	(code)	(310) 423-2297 6. Employer representative	Ca	herine.jeter@cshs.org	
8700 Beverly Blvd, Suite 6732	vode)		Catherine Jeter, Labor Relations		
West Hollywood, CA 90048-1865		Camerine Jeter, La	DOL KE	ations	
Type of Establishment (factory, mine, wholeseler)	8. Principal pro	oduct or service	9. N	umber of Workers employed	
Hospital	Hospital		~	5000	
Full name of party filing charge		11a, Tel, No.	116.	Cell No.	
(b) (6), (b) (7)(C)		1	(t	o) (6), (b) (7)(C)	
		11c, Fax No.	1111	a Mail	
		TIC, PAX NO.	(6	) (6), (b) (7)(C)	
1. Address of party filing charge (street, city, state, end	(ZIP code)		-		
(b) (6), (b) (7)(C)					
	12. DECLA	RATION		<b></b>	
I declare that I have read the above charge or			ad mar	Inquilades and holins	
	IN DISC DIS SUITEITE	euro majalu die fada in cue des	Tell		
(b) (6), (b) (7)(C)					
$(\mathbf{S})$ $(\mathbf{S})$ , $(\mathbf{S})$ $(\mathbf{I})$			11.7	the same of the sa	
	(b) (6)	, (b) (7)(C)		(6), (b) (7)(C)	
(e)	Printitype	a name and titla or office, if any	Cell		
				) (6), (b) (7)(C)	
Address:	Date;		Fax	No.	
(b) (6), (b) (7)(C)	Iri	no 11	e-Ma	0	
	11-	28-16		) (6), (b) (7)(C)	
	The second second		4		

	UNITED STATES OF AMERICA	- Indicate and	DO NOT	WRITE IN THIS SPACE
	NATIONAL LABOR RELATIONS BOAL	RD	Case	Date filed
FIRST	AMENDED CHARGE AGAINST I ORGANIZATION OR ITS AGENTS		31-CB-188979	1/23/2017
	NS: File an original of this charge with	the NLRB Regional	Director of the region in wi	nich the alleged unfair labor practice
occurred or k	The second secon	LOD WA ACRESA	ATTIONIS DATE OF LEAST IN	200000
a. Name	1. LABOR ORGANIZATIO	N OR 113 AGENTS A	GAINST WHICH CHARGE IS I b. Union Representative	
the state of the s	TED HEALTHCARE WORKERS-	WEST	(b) (6), (b) (7)(C)	TO CONSEC
c. Address 5480 FEF	GUSON DRIVE, LOS ANGELES	CA 90022	d. Tel. No. (323)734-8399	(b) (6), (b) (7)(C)
			f. Fax No.	g. e-Mail
5 The share	language de la language de la constante la	om automoral la cad a	(323)721-3538	info@seiu-uhw.org
8(b), subse	named labor organization or its agents ha ction(s) (1)(A) of the National Labor Relat	tions Act, and these t	unfair labor practices are unfa	ir practices affecting commerce within
2 Basis of the	g of the Act, or are unfair practices affecti Charge (set forth a clear and concise sta	ng commerce within	the meaning of the Act and the	le Postal Heorganization Act.
	e last six months, the above-name			
exercise of	of rights protected by Section 7 of	the Act by refusi	ing to file and/or process	s the grievance of property
	of for arbitrary or discriminatory re			
	opies of the grievance.	addition of it bate i	and: Additionary, the c	strict failed of felased to provide
	PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF		11 411	
3. Name of Er			4a. Tel. No.	4b. Cell No.
CEDARS	NAI MEDICAL CENTER		An Marchia	1
			4c. Fax No.	Ad. e-Mail
F 1 15 1	[ ]		(310)423-2297	catherine.jeter@cshs.org
	Plant involved (street, city, state, and ZIP	The second secon	6. Employer representati	The second secon
	erly Blvd Ste 6732, West Hollywo	od, CA 90048-	CATHERINE JET	ER
1804	(ablishment (factory, mine, wholesaler)	8. Principal prod	usat an adadan	I D. Niceton of Mindress and I also
	labistiment (factory, filme, wholesaler)	The state of the s	auct or service	9. Number of Workers employed
Hospital		Hospital		5000
the second secon	of party filing charge		11a, Tel, No.	11b. Cell No.
(b) (6), (b	o) (7)(C)		(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)
			11c. Fax No.	11d e-Mail
			100000000000000000000000000000000000000	(b) (6), (b) (7)(C)
11. Address of	party filing charge (street, city, state, and	ZIP code)	- 1	-
(b) (6),	(b) (7)(C)			
		12. DECLAR	ATION	
1 dont	re that I have read the above charge ar	d that the statemen	ate therein our town to the be	at at my fraudadas and hallet
I UBGIE	The that I have lead the above charge at	id mat me amende	its therein are true to the be	Tel Nb.
(0)				100.10
1.01				
#		(b) (6)	by /7VC	(b) (6), (b) (7)(C)
1	re)	Printflynd	(b) (7)(C) name and title or office, if any	
4	16)	riniviype	name and the or onice, it any	(D) (B) (7)(C)
Address:		-	Date:	Fax No.
(b) (6), (b	) (7)(C)		1.7.1	
			1/23/1	7 (b) (6), (b) (7)(C)
		~~~	10-11	(b) (b), (b) (7)(C)

INTERNET FORM NLRB-508 (2-08)

#### FORM EXEMPT UNDER 44 U.S.C 3512

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

### **CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS**

DO NOT WRITE IN THIS SPACE					
Case	Date Filed				
31-CB-193483	2/16/2017				

INSTRUCTIONS: File an original with NLRB Regional Director for the	region in which the alleged u	ntair labor pra	ctice occurre	ed or is occurring.
1. LABOR ORGANIZATION OR ITS	AGENTS AGAINST WHICH			
a. Name		b. Union Rep	presentative	to contact
SEIU-UHW		ELMA M/	AYNARD	
		Title:		
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No.
5480 Ferguson Dr		(323) 734-83	399	g. e-Mail
CA Commerce 90022-5119		f. Fax No.		g. e-iviali
h. The above-named organization(s) or its agents has (have) engaged subsection(s) (list subsections) (1)(A) are unfair practices affecting commerce within the meaning of the A	of the Natio	onal Labor Re	lations Act, a	and these unfair labor practices
meaning of the Act and the Postal Reorganization Act.	et, or those difficil fabor practi	cos aro arrian	practicos ai	locally commorco walling alo
2. Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the alleged	d unfair labor <sub>l</sub>	oractices)	
See additional page				
See additional page				
Name of Employer		4a. Tel. No.		b. Cell No.
KAISER PERMANENTE WEST LOS ANGELES				
		c. Fax No.		d. e-Mail
Location of plant involved (street, city, state and ZIP code)			6. Employ	er representative to contact
6041 Cadillac Ave				·
CA Los Angeles 90034-1700			Title:	
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or service	9. Numbe	r of workers employed
10. Full name of party filing charge		11a. Tel. No		b. Cell No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7)	(C)	(b) (6), (b) (7)(C)
		c. Fax No.		d. e-Mail
11. Address of party filing charge (street, city, state and ZIP code.)				(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)				
		Tal	No	
12. DECLARATION I declare that I have read the above charge and that the statements therein are true to	the best of my knowledge and belie		No. (b) (6), (b	o) (7)(C)
By (b) (6), (b) (7)(C) (b)	) (6), (b) (7)(C)	Cel	No.	
	name and title or office, if any		(b) (6), (t	o) (7)(C)
	Title:	Fax	No.	
(b) (6), (b) (7)(C)		e-N		(1 \ /7 \ /6 \
Address	(date)_02/16/201	7 17:51:57	(b) (6)	, (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

### **Basis of the Charge**

### 8(b)(1)(A)

Within the previous six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by refusing to process the Charging Party's grievance for arbitrary or discriminatory reasons or in bad faith.

UNITED STATES OF AMERICA		DO NOT V	WRITE IN THIS SPACE	
NATIONAL LABOR RELATIONS BOARD		Case	Date filed	
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS		31-CB-195763	3/28/2017	
INSTRUCTIONS: File an original of this charge with occurred or is occurring.	the NLRB Regional	Director of the region in whi	ch the alleged unfair labor practice	
LABOR ORGANIZATIO	ON OR ITS AGENTS AG	GAINST WHICH CHARGE IS B	ROUGHT	
a. Name SEIU UNITED HEALTHCARE WORKERS-		b. Union Representative (b) (5), (b) (7)(C)		
c. Address		d. Tel. No.	e.e. Cell No.	
5480 FERGUSON DRIVE, LOS ANGELES	, CA 90022	(323)734-8399	(b) (6), (b) (7)(C)	
		f. Fax No.	g. e-Mail	
h. The above-named labor organization or its agents ha	ave engaged in and a	(323)721-3538	info@seiu-uhw.org	
meaning of the Act, or are unfair practices affecting of 2. Basis of the Charge (set forth a clear and concise state Within the last six months, the above-name exercise of rights protected by Section 7 of for arbitrary or discriminatory reasons or in	etement of the facts or ned labor organiza the Act by refusir bad faith. Addition	onstituting the alleged unfair la ation has restrained and ing to file and/or process	bor practices) coerced employees in the the grievance of (b) (6), (b) (7)(C)	
copies of the grievance and other requeste	d information.			
3. Name of Employer		4a. Tel. No.	4b. Cell No.	
CEDARS SINAI MEDICAL CENTER		4c. Fax No. (310)423-2297	4d. e-Mail catherine.jeter@cshs.org	
<ol> <li>Location of Plant involved (street, city, state, and ZIP 8700 Beverly Blvd Ste 6732, West Hollywon 1804</li> </ol>		6. Employer representativ	e to contact	
Type of Establishment (factory, mine, wholesaler)	8. Principal produ	uct or service	9. Number of Workers employed	
Hospital	Hospital		5000	
10. Full name of party filing charge (b) (6), (b) (7)(C)		11a. Tel. No.	11b. Cell No. (b) (6), (b) (7)(C)	
		11c. Fax No.	11d e-Mail	
11. Address of party filing charge (street, city, state, and	ZIP code)			
(b) (6), (b) (7)(C)	12. DECLARA	ATION		
		1771	a with a constant of the constant	
I declare that I have read the above charge an	nd that the statemen	ts therein are true to the bes	Tel No.	
(b) (6) (b) (7)(C)			16170.	
<sub>B</sub> (b) (6), (b) (7)(C)	(b) (6), (b) (7	r(c)	A	
(s		name and title or office, if any	Cell No. (b) (6), (b) (7)(C)	
Address:		Date:	Fax No.	

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register 11 Fed. Reg. 34947-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

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UNITED STATES OF AMERICA			DO NOT	WRITE IN THIS SPACE		
NATIONAL LABOR RELATIONS BOAR		Ca	se .	Date filed		
CHARGE AGAINST LABOR ORGANIZATION AGENTS			-CB-199683	5/25/17		
INSTRUCTIONS: File an original of this charge with occurred or is occurring.	the NLRB Re	gional Directo	or of the region in wh	ich the alleged unfair labor practice		
LABOR ORGANIZATIO	N OR ITS AGE	ENTS AGAINST	WHICH CHARGE IS E	BROUGHT		
a. Name	27.440004104		Union Representative			
SEIU-UHW UNITED HEALTHCA WORKERS WEST	ARE	1	(b) (6), (b) (7)(C)			
c. Address		A	Tel. No.	e.e. Cell'No.		
5480 Ferguson Drive		-	(323) 734-839	D. O. Carlotte of American		
Los Angeles, CA 90022			ax No.	g. e-Mail		
20071190100, 07100022		(	323) 721-3538	G. Carlotte		
h. The above-named labor organization or its agents ha	relation to the Control of the last her			선생님 보다는 경우다는 사람들은 사람들이 되었다면 모든 사람들이 모든 아이들이 되었다.		
8(b), subsection(s) (1)(A) of the National La within the meaning of the Act, or are unfair practices						
Basis of the Charge (set forth a clear and concise sta	tement of the	facts constituti	ng the alleged unfair l	abor practices)		
Within past 6 months, the above-nam						
by the following:						
		a I - may - Ami-	2.			
Failing to properly process a gr	ievance c	oncerning	two Step Vio	lations for performance.		
Name of Employer		4a.	Tel. No.	4b. Cell No.		
Cedars-Sinai Medical Center		(	310) 423 55 7			
		4c.	Fax No.	4d. e-Mail		
5. Location of Plant involved (street, city, state, and ZIP	(code)	6.0	mnlover representati	ve to contact		
	code)		Employer representative to contact     HUMAN RESOURCES			
8700 Beverly Blvd Ste 6732 West Hollywood, CA 90048-1804		'	IUMAN RESOU	RCES		
			-			
7. Type of Establishment (factory, mine, wholesaler)		al product or s		Number of Workers employed		
HOSPITAL			ESERVICES	OVER 10,000		
10. Full name of party filing charge	11	1a. Tel. No.		11b. Cell No.		
(b) (6), (b) (7)(C)		(b) (6), (b)	7)(C)	(b) (6), (b) (7)(C)		
2	1	1c. Fax No.		11d e-Mail		
	Wind All	1.000				
11. Address of party filing charge (street, city, state, and	ZIP code)		-			
(b) (6), (b) (7)(C)						
	12. DE	ECLARATION	and the second			
declare that I have road the above charge an	nd that the sta	atements then	ein are true to the be	st of my knowledge and belief.		
(b) (6), (b) (7)(C)	In	dividual		Tel No.		
king charge)			d title or office, if any	Cell No. SAME AS ABOVE		
Address:		~	Date:	Fax No. SAME AS ABOVE		
SAME AS ABOVE			-1-1	e-Mail		
			5/25/17	o-jviali		
			1			

UNITED STATES OF AMERICA  NATIONAL LABOR RELATIONS BOARD	DO NOT WRITE IN THIS SPACE		
	Case	Date filed	
FIRST AMENDED CHARGE AGAINST LABOR OF THE PROPERTY ORGANIZATION OR ITS AGENTS	31-CB-199683	07/14/17	
NSTRUCTIONS: File an original of this charge with the NLRB Regional occurred or is occurring.			
LABOR ORGANIZATION OR ITS AGENTS A  Name			
SEIU UNITED HEALTHCARE WORKERS-WEST	b. Union Representative to Contact (b) (6), (b) (7)(C)		
c. Address 5480 FERGUSON DRIVE, LOS ANGELES, CA 90022	d. Tel. No. (323) 734-8399 f. Fax No. (323) 721-3538	e.e. Cell No. (b) (6), (b) (7)(C) g. e-Mail info@seiu-uhw.org	
h. The above-named labor organization or its agents have engaged in and a 8(b), subsection(s) (1)(A) of the National Labor Relations Act, and these the meaning of the Act, or are unfair practices affecting commerce within	are engaging in unfair labor pr unfair labor practices are unfa	actices within the meaning of section ir practices affecting commerce within	
2. Basis of the Charge (set forth a clear and concise statement of the facts of			
Within the past six months, the above named organizate	tion has breached its d	luty of fair representation by	
disciplinary action issued on (b) (6), (b) (7)(c) 2017. Also, wi organization has breached its duty of fair representation information related to request for a grievance action issued on (b) (6), (b) (7)(c) 2017. Further, within the prits (b) (6), (b) (7)(C) breached its duty of fair representation action issued on (c) (c) (c) (d) (d) (e) (e) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	n by failing and/or ref e contesting the Empl ast six months, the ab- entation by failing and	fusing to provide for some over's Step 3 disciplinary ove named organization and for refusing to provide for some over the forest over the for	
Cedars-Sinal Medical Center			
	4c. Fax No.	4d. e-Mail	
5. Location of Plant involved (street, city, state, and ZiP code) 8700 Beverly Blvd, Suite 6732, West Hollywood, CA 90048 1865	6 Employer representat	ive to contact	
7. Type of Establishment (factory, mine, wholesaler) 8. Principal proc	duct or service	9. Number of Workers employed	
Hospital Patient Car	e Services	10,000+	
	11a. Tel. No.	11b. Cell No.	
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C)	11c. Fax No.	(b) (6) (b) (7)(C)	
10. Full name of party filing charge (b) (6), (b) (7)(C)	11c. Fax No.	(b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C)	11c. Fax No.	(b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C)  1. Address of party filing charge (street, city, state, and ZIP code)  (b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C)  1. Address of party filing charge (street, city, state, and ZIP code)  (b) (6), (b) (7)(C)	RATION	(b) (6), (b) (7)(C)  11d e-Mail  (b) (6), (b) (7)(C)  est of my knowledge and belief.	
(b) (6), (b) (7)(c)  11. Address of party filling charge (street, city, state, and ZIP code)  (b) (6), (b) (7)(C)  12. DECLAR  I declare that I have read the above charge and that the statement (b) (6), (b) (7)(C)	RATION nts therein are true to the bo	(b) (6), (b) (7)(C)  11d e-Mail  (b) (6), (b) (7)(C)	
11 Address of party filing charge (street, city, state, and ZIP code)  (b) (6), (b) (7)(C)  1 declare that I have read the above charge and that the statement (b) (6), (b) (7)(C)	RATION	(b) (6), (b) (7)(C)  11d e-Mail  (b) (6), (b) (7)(C)  est of my knowledge and belief.  Tel No.  Cell No.	
(b) (6), (b) (7)(C)  11 Address of party filing charge (street, city, state, and ZIP code)  (b) (6), (b) (7)(C)  12. DECLAR  (b) (6), (b) (7)(C)  (c) (b) (6), (b) (7)(C)	RATION  Ints therein are true to the book of the book	(b) (6), (b) (7)(C)  11d e-Mail  (b) (6), (b) (7)(C)  est of my knowledge and belief.  Tel No.	

UNITED STATES OF AMERICA	UNITED STATES OF AMERICA		DO NOT WRITE IN THIS SPACE		
NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS		Case	Date filed		
		31-CB-199684	5/25/2017		
NSTRUCTIONS: File an original of this charge with occurred or is occurring.					
	N OR ITS AGENTS	S AGAINST WHICH CHARGE IS BE			
SEIU-UHW UNITED HEALTHCA	RE	(b) (6), (b) (7)(C)	b. Union Representative to Contact (b) (6), (b) (7)(C)		
WORKERS WEST			1 2 44		
Address 5480 Ferguson Drive		d. Tel. No. (323) 734-8399	e.e. Cell No.		
Los Angeles, CA 90022		f. Fax No. (323) 721-3538	g. e-Mail		
. The above-named labor organization or its agents ha	wo angood in an		ctions within the meaning of section		
<ul> <li>Basis of the Charge (set forth a clear and concise sta         Within past 6 months, the above-name         oy the following:         <ul> <li>Failing to file and properly proc                 because of page lack of action ag</li> </ul> </li> </ul>	ed labor org	ganization violated Seconce against (b) (6), (b)	tion 8(b)(1)(A) of the Act		
Name of Employer		4a. Tel. No.	4b. Cell No.		
Cedars-Sinai Medical Center		(310) 423-5521 4c. Fax No.	4d. e-Mail		
		75.1.251.00	7535 1527		
. Location of Plant involved (street, city, state, and ZIP code)		<ol><li>Employer representative</li></ol>	Employer representative to contact		
8700 Beverly Blvd Ste 6732 West Hollywood, CA 90048-1804		HUMAN RESOUR	RCES		
7. Type of Establishment (factory, mine, wholesaler)	8. Principal pr	roduct or service	Number of Workers employed		
HOSPITAL	PATIEN	T CARE SERVICES	OVER 10,000		
Full name of party filing charge		Tel. No.	11b. Cell No.		
b) (6), (b) (7)(C)	(b) (	(6), (b) (7)(C)	(b) (6), (b) (7)(C)		
		Fax No.	11d e-Mail		
1. Address of party filing charge (street, city, state, and (b) (6), (b) (7)(C)	ZIP code)				
	12. DECL	ARATION	and the state of the state of		
I declare that I have read the above charge an	d that the statem	nents therein are true to the bes			
(b) (6), (b) (7)(C)	Individual		Tel No.		
signature erreprocemante of person making analye)		be name and title or office, if any	Cell No. SAME AS ABOVE		
Address: SAME AS ABOVE		Date:	Fax No. SAME AS ABOVE		
DAISIE AS ABOYE		565/17	e-Mail		

		DO NOT V	VRITE IN THIS SPACE	
NATIONAL LABOR RELATIONS BOAF	RD.	Case	Date filed	
CHARGE AGAINST LABOR ORGANIZATION AGENTS		31-CB-199760	5/25/17	
NSTRUCTIONS: File an original of this charge with occurred or is occurring.	the NLRB Regiona	al Director of the region in whi	ch the alleged unfair labor practice	
	N OR ITS AGENTS	AGAINST WHICH CHARGE IS BE	ROUGHT	
. Name		b. Union Representative t	o Contact ·	
SEIU-UHW UNITED HEALTHCA WORKERS WEST	RE	(b) (6), (b) (7)(C)		
, Address		d. Tel. No.	e.e. Cell No.	
5480 Ferguson Drive		(323) 734-8399		
Los Angeles, CA 90022		f. Fax No. (323) 721-3538	g. e-Mail	
Basis of the Charge (set forth a clear and concise state Within past 6 months, the above-name by the following: Failing to process and properly represent assignment of unit work to non-unit Failing to file a grievance on the above Failing to return calls and update enough the grievance.  Name of Employer Cedars-Sinai Medical Center  Location of Plant involved (street, city, state, and ZIP 8700 Beverly Blvd Ste 6732	ed labor organiesent emplo nit employees ove a mployees as	anization violated Sec eyees with regards to t s.	tion 8(b)(1)(A) of the Act their grievance concerning the was filed or the status  4b. Cell No.  4d. e-Mail	
West Hellyswand CA 00049 1904				
West Hollywood, CA 90048-1804				
Type of Establishment (factory, mine, wholesaler)	8. Principal pro	STATE OF THE PROPERTY OF THE PARTY OF THE PA	Number of Workers employed	
Type of Establishment (factory, mine, wholesaler) HOSPITAL	PATIENT	CARE SERVICES	OVER 10,000	
Type of Establishment (factory, mine, wholesaler) HOSPITAL  O. Full name of party filing charge	PATIENT 11a. To	CARE SERVICES	OVER 10,000 11b. Cell No.	
Type of Establishment (factory, mine, wholesaler) HOSPITAL  O. Full name of party filing charge	PATIENT 11a. To	CARE SERVICES	OVER 10,000	
Type of Establishment (factory, mine, wholesaler) HOSPITAL  D. Full name of party filing charge	PATIENT 11a. To	CARE SERVICES el. No. (6), (b) (7)(C)	OVER 10,000 11b. Cell No.	
Type of Establishment (factory, mine, wholesaler) HOSPITAL  D. Full name of party filing charge  D) (6), (b) (7)(C)  1. Address of party filing charge (street, city, state, and	PATIENT 11a. To (b) ( 11c. Fi	CARE SERVICES el. No. (6), (b) (7)(C)	OVER 10,000 11b. Cell No. (b) (6), (b) (7)(C)	
Type of Establishment (factory, mine, wholesaler) HOSPITAL  The stablishment (factory, mine, wholesaler)  The stablishment (factory, mine, wholesaler)	PATIENT 11a. To (b) ( 11c. For	CARE SERVICES el. No. (6), (b) (7)(C) ax No.	OVER 10,000 11b. Cell No. (b) (6), (b) (7)(C)	
Type of Establishment (factory, mine, wholesaler) HOSPITAL  0. Full name of party filing charge b) (6), (b) (7)(C)  1. Address of party filing charge (street, city, state, and	PATIENT 11a. To (b) ( 11c. Fi	CARE SERVICES el. No. (6), (b) (7)(C) ax No.	OVER 10,000 11b. Cell No. (b) (6), (b) (7)(C)	
Type of Establishment (factory, mine, wholesaler) HOSPITAL  0. Full name of party filing charge b) (6), (b) (7)(C)  1. Address of party filing charge (street, city, state, and (b) (6), (b) (7)(C)  I declare that I have read the above charge an	PATIENT 11a. To (b) ( 11c. Fi	CARE SERVICES el. No. 6), (b) (7)(C) ax No.	OVER 10,000  11b. Cell No. (b) (6), (b) (7)(C)  11d e-Mail	
Type of Establishment (factory, mine, wholesaler) HOSPITAL  O. Full name of party filing charge b) (6), (b) (7)(C)  1. Address of party filing charge (street, city, state, and (b) (6), (b) (7)(C)  I declare that I have read the above charge and	PATIENT 11a. To (b) ( 11c. Fi 2IP code)  12. DEGLA d that the statement	CARE SERVICES el. No. (6), (b) (7)(C) ax No.  RATION ents therein are true to the bes	OVER 10,000  11b. Cell No. (b) (6), (b) (7)(C)  11d e-Mail	
Type of Establishment (factory, mine, wholesaler) HOSPITAL  O. Full name of party filing charge b) (6), (b) (7)(C)  1. Address of party filing charge (street, city, state, and (b) (6), (b) (7)(C)  I declare that I have read the above charge and (b) (6), (b) (7)(C)	PATIENT 11a. To (b) ( 11c. Fi  ZIP code)  12. DECLA d that the statement	CARE SERVICES el. No. 6), (b) (7)(C) ax No.  RATION ents therein are true to the bes	OVER 10,000  11b. Cell No. (b) (6), (b) (7)(C)  11d e-Mail  st of my knowledge and belief.  Tel No.	
Type of Establishment (factory, mine, wholesaler) HOSPITAL  O. Full name of party filing charge b) (6), (b) (7)(C)  1. Address of party filing charge (street, city, state, and (b) (6), (b) (7)(C)  I declare that I have read the above charge and	PATIENT 11a. To (b) ( 11c. Fi  ZIP code)  12. DECLA d that the statement	CARE SERVICES el. No. (6), (b) (7)(C) ax No.  RATION ents therein are true to the bes	OVER 10,000  11b. Cell No. (b) (6), (b) (7)(C)  11d e-Mail  st of my knowledge and belief.  Tel No.  Cell No.	
Type of Establishment (factory, mine, wholesaler) HOSPITAL  O. Full name of party filing charge b) (6), (b) (7)(C)  1. Address of party filing charge (street, city, state, and (b) (6), (b) (7)(C)  I declare that I have read the above charge and (b) (6), (b) (7)(C)	PATIENT 11a. To (b) ( 11c. Fi  ZIP code)  12. DECLA d that the statement	CARE SERVICES el. No. (6), (b) (7)(C) ax No.  RATION ents therein are true to the besidual ename and title or office, if any	OVER 10,000  11b. Cell No. (b) (6), (b) (7)(C)  11d e-Mail  st of my knowledge and belief. Tel No.  Cell No. SAME AS ABOVE	
Type of Establishment (factory, mine, wholesaler) HOSPITAL  O. Full name of party filing charge b) (6), (b) (7)(C)  1. Address of party filing charge (street, city, state, and (b) (6), (b) (7)(C)  I declare that I have read the above charge and (b) (6), (b) (7)(C)	PATIENT 11a. To (b) ( 11c. Fi  ZIP code)  12. DECLA d that the statement	CARE SERVICES el. No. 6), (b) (7)(C) ax No.  RATION ents therein are true to the bes	OVER 10,000  11b. Cell No. (b) (6), (b) (7)(C)  11d e-Mail  st of my knowledge and belief.  Tel No.  Cell No.	

UNITED STATES OF AMERICA	TES OF AMERICA DO NOT I		WRITE IN THIS SPACE		
. NATIONAL LABOR RELATIONS BOARD		- Ca	se	Date filed	
CHARGE AGAINST LABOR ORGANIZATION AGENTS			31-CB-199770	5/25/2017	
INSTRUCTIONS: File an original of this charge with occurred or is occurring.	the NLRB F	Regional Direct	or of the region in whi	ch the alleged unfair labor practice	
1. LABOR ORGANIZATIO	N OR ITS A				
a. Name	b. Union Repres		Union Representative t	ive to Contact	
SEIU-UHW UNITED HEALTHCA	ICARE		(b) (6), (b) (7)(C)		
WORKERS WEST					
c. Address	Address		Tel. No.	e.e. Cell No.	
5480 Ferguson Drive			(323) 734-8399		
Los Angeles, CA 90022		1 44	Fax No.	g. e-Mail	
h. The above-named labor organization or its agents ha			(323) 721-3538	4	
within the meaning of the Act, or are unfair practices  2. Basis of the Charge (set forth a clear and concise sta  Within past 6 months, the above-nam  by the following:  The Union has failed to properly pre  Employer not following proper process  The Union is failing to also provides	ed labo ocess a dure for	r organizati charge aga checking th	ing the alleged unfair la ion violated Sections inst the Employme lockers.	tion 8(b)(1)(A) of the Act er concerning the	
<ul> <li>The Union is failing to also provide</li> </ul>	employ		THE RESERVE OF THE PARTY OF THE	And the second s	
Name of Employer		4a	Tel. No.	4b. Cell No.	
Cedars-Sinai Medical Center			(310) 423 55 Z		
		46.	Fax No.	4d. e-Mail	
. Location of Plant involved (street, city, state, and ZIP code)		6.	Employer representative to contact		
8700 Beverly Blvd Ste 6732 West Hollywood, CA 90048-1804		J	HUMAN RESOUR	RCES	
7. Type of Establishment (factory, mine, wholesaler)	8. Princ	Principal product or service		9. Number of Workers employed	
HOSPITAL	PAT	PATIENT CARE SERVICES		OVER 10,000	
10. Full name of party filing charge		11a. Tel. No.		11b. Cell No.	
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	
		11c. Fax No.		11d e-Mail	
11. Address of party filing charge (street, city, state, and	ZIP code)		1.5		
(b) (6), (b) (7)(C)	-0.00				
(S)A(S)A(S)(S)	12. 1	DECLARATION			
I declare that I have read the above charge an	d that the	statements ther	ein are true to the bes	at of my knowledge and belief.	
(b) (6) (b) (7)(0)	and that the statements therein are also to the s			Tel No.	
$_{\text{\tiny By}}(b)$ (6), (b) (7)(C)	1.1	Individual			
(si	Print/type name and title or		nd title or office, if any	Cell No. SAME AS ABOVE	
Address:		-	Date:	Fax No.	
SAME AS ABOVE		5halo		SAME AS ABOVE	
			100/14	e-Mail	
				2.300	

INTERNET FORM NLRB-508 (2-08)

#### FORM EXEMPT UNDER 44 U.S.C 3512

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

#### **CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS**

DO NOT WRITE IN THIS SPACE		
Case 31-CB-202851	Date Filed 7/20/2017	

1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT  a. Name SEIU UHW  Dan Regan Title:  c. Address (Street, city, state, and ZIP code) 5480 Ferguson Dr CA Commerce 90022-5119  d. Tel. No. (323) 734-8399 f. Fax No. (323) 721-3538  h. The above-named organization(s) or its agents has (have) engaged in and is (are) engaging in unfair labor practices within the meaning of section 8(b) subsection(s) (list subsections) (3) of the National Labor Relations Act, and these unfair labor practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.  2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) See additional page
SEIU UHW  Dan Regan Title:  c. Address (Street, city, state, and ZIP code)  5480 Ferguson Dr CA Commerce 90022-5119  h. The above-named organization(s) or its agents has (have) engaged in and is (are) engaging in unfair labor practices within the meaning of section 8(b) subsection(s) (list subsections) (3) of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.  2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)
c. Address (Street, city, state, and ZIP code)  5480 Ferguson Dr CA Commerce 90022-5119  h. The above-named organization(s) or its agents has (have) engaged in and is (are) engaging in unfair labor practices within the meaning of section 8(b) subsection(s) (list subsections) (3)  are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.  2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)
c. Address (Street, city, state, and ZIP code)  5480 Ferguson Dr CA Commerce 90022-5119  h. The above-named organization(s) or its agents has (have) engaged in and is (are) engaging in unfair labor practices within the meaning of section 8(b) subsection(s) (list subsections) (3)
5480 Ferguson Dr CA Commerce 90022-5119  h. The above-named organization(s) or its agents has (have) engaged in and is (are) engaging in unfair labor practices within the meaning of section 8(b) subsection(s) (list subsections) (3) of the National Labor Relations Act, and these unfair labor practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.  2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)
5480 Ferguson Dr CA Commerce 90022-5119  h. The above-named organization(s) or its agents has (have) engaged in and is (are) engaging in unfair labor practices within the meaning of section 8(b) subsection(s) (list subsections) (3) of the National Labor Relations Act, and these unfair labor practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.  2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)
5480 Ferguson Dr CA Commerce 90022-5119  f. Fax No. (323) 721-3538  h. The above-named organization(s) or its agents has (have) engaged in and is (are) engaging in unfair labor practices within the meaning of section 8(b) subsection(s) (list subsections) (3) of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.  2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)
h. The above-named organization(s) or its agents has (have) engaged in and is (are) engaging in unfair labor practices within the meaning of section 8(b) subsection(s) (list subsections) (3) of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.  2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)
h. The above-named organization(s) or its agents has (have) engaged in and is (are) engaging in unfair labor practices within the meaning of section 8(b) subsection(s) (list subsections) (3)
subsection(s) (list subsections) (3)
See additional page
See additional page
See additional page
3. Name of Employer 4a. Tel. No. b. Cell No. Kaiser Permanente (323) 783-4079
Kaiser Permanente (323) 763-4079 c. Fax No. d. e-Mail
5. Location of plant involved (street, city, state and ZIP code)  6. Employer representative to contact Sheri Falcone
4867 W Sunset Blvd CA Los Angeles 90027-9002 Title: Dept Admin
Healthcare Cardiology 5000
Healthcare Cardiology 5000  10. Full name of party filing charge 11a. Tel. No. (5) (6) (7) (7)
Healthcare Cardiology 5000  10. Full name of party filing charge   11a. Tel. No.   b. Cell No.   (b) (6), (b) (7)(C)     (b) (6), (b) (7)(C)
Healthcare   Cardiology   5000
Healthcare Cardiology 5000  10. Full name of party filing charge (b) (6), (b) (7)(C)  (b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state and ZIP code.)
Healthcare   Cardiology   5000
Healthcare  Cardiology  5000  10. Full name of party filing charge  (b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state and ZIP code.)  (b) (6), (b) (7)(C)  Tel. No.  Tel. No.  Tel. No.
Healthcare  Cardiology  5000  10. Full name of party filing charge  (b) (6), (b) (7)(C)  (c) Fax No.  11. Address of party filing charge (street, city, state and ZIP code.)  (b) (6), (b) (7)(C)  12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.
Healthcare  Cardiology  5000  10. Full name of party filing charge  (b) (6), (b) (7)(C)  (c) Fax No.  11. Address of party filing charge (street, city, state and ZIP code.)  (b) (6), (b) (7)(C)  12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)  Tel. No.  (b) (6), (b) (7)(C)  Cell No.
Healthcare  Cardiology  5000  10. Full name of party filing charge  (b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state and ZIP code.)  (b) (6), (b) (7)(C)  12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  By (b) (6), (b) (7)(C)  (Print/type name and title or office, if any)  Fax No.  Tel. No.  (b) (6), (b) (7)(C)  Cell No.  Fax No.  Tel. No.  (b) (6), (b) (7)(C)  Cell No.
Healthcare  10. Full name of party filing charge  (b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state and ZIP code.)  (b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state and ZIP code.)  (b) (6), (b) (7)(C)  12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  By (b) (6), (b) (7)(C)  (signature of representative or person making charge)  (b) (6), (b) (7)(C)  (Print/type name and title or office, if any)  Title:  Tel. No.  (b) (6), (b) (7)(C)  Cell No.  Fax No.
Healthcare  Cardiology  5000  10. Full name of party filing charge  (b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state and ZIP code.)  (b) (6), (b) (7)(C)  12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  By (b) (6), (b) (7)(C)  (Print/type name and title or office, if any)  Fax No.  Tel. No.  (b) (6), (b) (7)(C)  Cell No.  Fax No.  Tel. No.  (b) (6), (b) (7)(C)  Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

# **Basis of the Charge**

## 8(b)(3)

Within the previous six months, the above-named labor organization has failed and refused to bargain in good faith with the employer.

UNITED STATES OF AMERICA		DO NOT WRITE IN THIS SPACE		
NATIONAL LABOR RELATIONS BOARD	)	Cas		Date filed
CHARGE AGAINST LABOR ORGANIZATION AGENTS	N OR ITS	31-	CB-207040	9/27/17
INSTRUCTIONS: File an original of this charge with th	e NLRB Regional Di	rector	of the region in whicl	the alleged unfair labor practice
occurred or is occurring.  1. LABOR ORGANIZATION	OR ITS AGENTS AGA	INST	WHICH CHARGE IS BRO	DUGHT
a. Name	OKTIO AGENTO AGA		Inion Representative to	
SEIU-UHW			lma Maynard	
			•	
c. Address		d. T	el. No.	e.e. Cell No.
5480 Ferguson Dr, Los Angeles, CA 90022-5	5119		213)248-0042	
			ax No.	g. e-Mail
h. The above-named labor organization or its agents have				
8(b), subsection(s) (1)(A) of the National Labor Relation the meaning of the Act, or are unfair practices affecting				
Basis of the Charge (set forth a clear and concise state)	ment of the facts cons	stitutin	a the alleged unfair labo	or practices)
			J	,
On or about February 23, 2017, the above-	-named labor or	oani	zation by and the	ough its agents has
restrained and coerced employees in the ex	•	_		
1 2		-	_	-
interrogating (b) (6), (b) (7)(C) regarding th	ie filing of a cha	rge v	with the National	Labor Relations Board.
Name of Employer		4a.	Tel. No.	4b. Cell No.
Kaiser Permanente West Los Angeles				
		4c.	Fax No.	4d. e-Mail
5. Location of Plant involved (street, city, state, and ZIP co	ode)	6. E	mployer representative	to contact
6041 Cadillac Ave, Los Angeles, CA 90034-1	1700			
7. Type of Establishment (factory, mine, wholesaler)	8. Principal product	or se	rvice	Number of Workers employed
Hospital	Healthcare			
10. Full name of party filing charge		11a.	Tel. No.	11b. Cell No.
(b) (6), (b) (7)(C)				(b) (6), (b) (7)(C)
		11c	Fax No.	11d e-Mail
		110.	Tux No.	(b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state, and Z	IP code)			(5) (5), (5) (1)(5)
(b) (6), (b) (7)(C)				
	DECLARAT	ION		
_(b) (6), (b) (7)(0	o ototomonto	thoro	in are true to the boot	of my knowledge and belief.
-( $D$ ) ( $D$ ), ( $D$ ) ( $I$ )( $I$ )	e statements	uieie	in are true to the best	Tel No.
Ву:				
Jy.	(b) (6), (b) (7)	)(C)		
(sign	Print/type nan	ne and	title or office, if any	Cell No.
				(b) (6), (b) (7)(C)
Add			Date:	Fax No.
(b) (6), (b) (7)(C)				
				e-Mail
				(b) (6) (b) (7)(C)

# WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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INTERNET FORM NLRB-508 (2-08)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST LABOR ORGANIZATION
OR ITS AGENTS

	FORM EXEMPT UNDER 44 U.S.C 3512
DO NOT W	RITE IN THIS SPACE
Case 31-CB-215180	Date Filed 2/15/2018

NSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

	TIS AGENTS AGAINST WHICH C	HARGE IS E	ROUGHT	
a, Name		. Union Rep		
SEIU UHW		Esmeralda	Grubbs	
c. Address (Street, city, state, and ZIP code)		d. Tel. No. (510) 251-	1250	e. Cell No.
560 Thomas L Berkley Way Oakland, California 94612	1	Fax No. (510) 763-		g. e-Mail egrubbs@seiu-uhw.org
h. The above-named organization(s) or its agents has (have) engages subsection(s) (list subsections) 8(b)(3) and (d) are unfair practices affecting commerce within the meaning of the meaning of the Act and the Postal Reorganization Act.	of the Nation	al Labor Rela	itions Act.	and these unfair labor practices
2. Basis of the Charge (set forth a clear and concise statement of Within the last six (6) months, the Union has unliateral bargaining agreement. Pursuant to its unilateral mid-Union agents and representatives to various areas of the scope of the access provision in the CBA. The Union to its representation of Hospital employees. The Union derogation of the CBA. Such access has often been the Union has also effectively modified the CBA by contracting the CBA by the Union has also effectively modified the CBA by the CBA by the Union has also effectively modified the CBA by the C	ally modified the bargained- term modification of the CB f Cedars-Sinai Medical Cent Inion has used its unauthoris on has also used Hospital c en unannounced, and is alw	for access A, the Univer's (the "I zed access afeteria sp vays unaut	provision has reduced has to concate to conc	epeatedly deployed campus that are outside duct business unrelated onduct Union business,
To address the Union's incursions to various areas o seek injunctive relief in this matter.  3. Name of Employer		Employer h	ereby re	equests that the Region
5. Name of Employer	1	ta. Tel. No.		b. Cell No.
Cedars-Sinal Medical Center		ta. Tel. No.		b. Cell No. d. e-Mail
			And the second second	
Cedars-Sinai Medical Center  5. Location of plant involved (street, city, state and ZIP code)		c, Fax No.	Peter (	d. e-Mail  oyer representative to contact  G. Finch, attorney  oer of workers employed
5. Location of plant involved (street, city, state and ZIP code) 8700 Beverly Blvd., Los Angeles, CA 90048  7. Type of establishment (factory, mine, wholesaler, etc.)	Identify principal product o     Medical Care	c, Fax No.	Peter (	d. e-Mail  oyer representative to contact  G. Finch, attorney  oer of workers employed
5. Location of plant involved (street, city, state and ZIP code) 8700 Beverly Blvd., Los Angeles, CA 90048  7. Type of establishment (factory, mine, wholesaler, etc.) Acute Care Hospital  10. Full name of party filing charge Cedars-Sinai Medical Center	8. Identify principal product o Medical Care	r service	Peter (	d. e-Mail  over representative to contact  Finch, attorney  over of workers employed
5. Location of plant involved (street, city, state and ZIP code) 8700 Beverly Blvd., Los Angeles, CA 90048  7. Type of establishment (factory, mine, wholesaler, etc.) Acute Care Hospital  10. Full name of party filing charge Cedars-Sinai Medical Center  11. Address of party filing charge (street, city, state and ZIP code 8700 Beverly Blvd., Los Angeles, CA 90048	8. Identify principal product o Medical Care	r service	Peter (	d. e-Mail  over representative to contact  Finch, attorney  oer of workers employed  b. Cell No.
5. Location of plant involved (street, city, state and ZIP code) 8700 Beverly Blvd., Los Angeles, CA 90048  7. Type of establishment (factory, mine, wholesaler, etc.) Acute Care Hospital  10. Full name of party filing charge Cedars-Sinai Medical Center  11. Address of party filing charge (street, city, state and ZIP code 8700 Beverly Blvd., Los Angeles, CA 90048	8. Identify principal product o Medical Care	r service	9. Numb 12,000	d. e-Mail  oyer representative to contact  Finch, attorney  oer of workers employed  b. Cell No.  d. e-Mail
5. Location of plant involved (street, city, state and ZIP code) 8700 Beverly Blvd., Los Angeles, CA 90048  7. Type of establishment (factory, mine, wholesaler, etc.) Acute Care Hospital  10. Full name of party filing charge Cedars-Sinai Medical Center  11. Address of party filing charge (street, city, state and ZIP code 8700 Beverly Blvd., Los Angeles, CA 90048  declare that lineve read the above charge and that the statements therein are true.	8. Identify principal product of Medical Care  Medical Care  to the best of my knowledge and belief.  G. Finch, attorney	r service  I1a. Tel. No.  Tel.  Cell	9. Numb 12,000	d. e-Mail  over representative to contact  Finch, attorney  oer of workers employed  b. Cell No.
5. Location of plant involved (street, city, state and ZIP code) 8700 Beverly Blvd., Los Angeles, CA 90048  7. Type of establishment (factory, mine, wholesaler, etc.) Acute Care Hospital 10. Full name of party filing charge Cedars-Sinai Medical Center  11. Address of party filing charge (street, city, state and ZIP code 8700 Beverly Blvd., Los Angeles, CA 90048  Ideclare that theye read the above charge and that the statements therein are true.  Peter	8. Identify principal product o Medical Care	r service  I1a. Tel. No.  Tel.  Cell	9. Numb 12,000	d. e-Mail  oyer representative to contact  Finch, attorney  oer of workers employed  b. Cell No.  d. e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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INTERNET FORM NURB-508 (2-08)

#### UNITED STATES OF AMERICA NATIONAL LARGE RELATIONS BOARD

DO NOT WRITE IN THIS SPACE se Date Filed

"" I TO TO LE D'IDON' NELLATIONO BOAND	0-
CHARGE AGAINST LABOR ORGANIZATION	Ca
OR ITS AGENTS	0

1-CB 215279 2/15/2018

FORM EXEMPT UNDER 44 U.S.C 3512

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. 1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT a. Name b. Union Representative to contact SEIU UHW Esmeralda Grubbs d. Tel. No. c. Address (Street, city, state, and ZIP code) e. Cell No. (510) 251-1250 560 Thomas L Berkley Way f. Fax No. g. e-Mail Oakland, California 94612 egrubbs@seiu-uhw.org (510) 763-2680 h. The above-named organization(s) or its agents has (have) engaged in and is (are) engaging in unfair labor practices within the meaning of section 8(b), subsection(s) (list subsections) 8(b)(3) \_\_\_\_\_\_ of the National Labor Relations Act, and these unfair labor practices. of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Within the last six (6) months, the Union has continually and unlawfully refused to provide the Employer with relevant requested information. The information is necessary for the Hospital to process a pending grievance and evaluate its options for resolving the matter short of arbitration. Time is of the essence; therefore, the Employer requests that the Region expedite processing of this charge to ensure the relevant requested information is provided as soon as possible and prior to the scheduled arbitration. 4a. Tel. No. Name of Employer b. Cell No. Cedars-Sinai Medical Center c. Fax No. d. e-Mail 5. Location of plant involved (street, city, state and ZIP code) 6. Employer representative to contact 8700 Beverly Blvd., Los Angeles, CA 90048 Peter G. Finch, attorney 7. Type of establishment (factory, mine, wholesaler, etc.) 8. Identify principal product or service 9. Number of workers employed Acute Care Hospital 12,000+ Medical Care 11a. Tel. No. 10. Full name of party filing charge b. Cell No. Cedars-Sinai Medical Center c. Fax No. d. e-Mail 11. Address of party filing charge (street, city, state and ZIP code.) 8700 Beverly Blvd. Los Angeles, CA 90048 Tel. No DECLARATION we read the above charge and declare that I h that the statements therein are true to the best of my knowledge and belief. 206.757.8153 Peter G. Finch, attorney Cell No. By (signature of representative or person making charge) (Print/type name and title or office, if any) Fax No 206.757.7153 Davis Wright Tremaine LLP e-Mail PeterFinch@dwt.com Address 1201 Third Ave. Ste. 2200, Seattle, WA 98101 (date) 2.13.18

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA		DO NOT V	VRITE IN THIS SPACE
NATIONAL LABOR RELATIONS BOARD	D	Case .	Date filed
CHARGE AGAINST LABOR ORGANIZATION AGENTS		31-CB-217634	3/28/2018
INSTRUCTIONS: File an original of this charge with to occurred or is occurring.	te NLRB Regional (	Director of the region in whi	ch the alleged unfair labor practice
1. LABOR ORGANIZATION	OR ITS AGENTS AG	SAINST WHICH CHARGE IS BE	ROUGHT
a. Name	7	b. Union Representative t	to Contact
SEIU-UHW UNITED HEALTHCAI	RE	UNION PRESIDI	ENT/UNION SECRETARY
WORKERS WEST		A STATE OF THE REAL PROPERTY.	
c. Address	(11-11-11-11-11-11-11-11-11-11-11-11-11-	d. Tel. No.	e.e. Cell No.
5480 Ferguson Drive		(323) 734-8399	
Los Angeles, CA 90022		f. Fax No. (323) 721-3538	g. e-Mail
h. The above-named labor organization or its agents have	e engaged in and are		ctices within the meaning of section
<ul> <li>by the following:</li> <li>(1) Failing to file a grievance on my being regarding patient medication and to investigation; and</li> </ul>			. (1) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
documentation.  The Union's engaged in the above condition of Section 8(b)(1)(A).  Name of Employer	luct for discrir	ninatory, arbitrary a	.0
(2) Failing to arbitrate a grievance that documentation. The Union's engaged in the above condition of Section 8(b)(1)(A).  3. Name of Employer St. John's Pleasant Valley Hopsital/Di	luct for discrir	ninatory, arbitrary a	and capricious reasons in
documentation. The Union's engaged in the above condition of Section 8(b)(1)(A).  3. Name of Employer St. John's Pleasant Valley Hopsital/Di	luct for discrir	ninatory, arbitrary a 42. Tel. No. (805) 389-5800	and capricious reasons in  4b. Cell No.  4d. e-Mail
documentation. The Union's engaged in the above condition of Section 8(b)(1)(A).  3. Name of Employer St. John's Pleasant Valley Hopsital/Di	luct for discrir	42. Tel. No. (805) 389-5800 4c. Fax No.	and capricious reasons in  4b. Cell No.  4d. e-Mail
documentation. The Union's engaged in the above condition of Section 8(b)(1)(A).  3. Name of Employer St. John's Pleasant Valley Hopsital/Di  5. Location of Plant involved (street, city, state, and ZIP of 2309 Antonio Ave, Camarillo, CA 93010	luct for discrir	ninatory, arbitrary a  42. Tel. No. (805) 389-5800  4c. Fax No.  6. Employer representative HUMAN RESOUR	and capricious reasons in  4b. Cell No.  4d. e-Mail
documentation. The Union's engaged in the above condition of Section 8(b)(1)(A).  3. Name of Employer St. John's Pleasant Valley Hopsital/Di  5. Location of Plant involved (street, city, state, and ZIP of 2309 Antonio Ave, Camarillo, CA 93010  7. Type of Establishment (factory, mine, wholesaler) HOSPITAL	luct for discrining the discrining discriming discrimin	42. Tel. No. (805) 389-5800 4c. Fax No. 6. Employer representative HUMAN RESOUR	4b. Cell No.  4d. e-Mail  to contact  CES  Number of Workers employed  OVER 10,000
documentation. The Union's engaged in the above condition of Section 8(b)(1)(A).  3. Name of Employer St. John's Pleasant Valley Hopsital/Di  5. Location of Plant involved (street, city, state, and ZIP of 2309 Antonio Ave, Camarillo, CA 93010  7. Type of Establishment (factory, mine, wholesaler) HOSPITAL  10. Full name of party filing charge	luct for discrir ignity Health  ode)  8. Principal produc	42. Tel. No. (805) 389-5800 4c. Fax No. 6. Employer representative HUMAN RESOUR	4b. Cell No.  4d. e-Mail  to contact  CES  Number of Workers employed  OVER 10,000  11b. Cell No.
documentation. The Union's engaged in the above condition of Section 8(b)(1)(A).  3. Name of Employer St. John's Pleasant Valley Hopsital/Di  5. Location of Plant involved (street, city, state, and ZIP of 2309 Antonio Ave, Camarillo, CA 93010  7. Type of Establishment (factory, mine, wholesaler) HOSPITAL  10. Full name of party filing charge	luct for discrir ignity Health  ode)  8. Principal produc	42. Tel. No. (805) 389-5800 4c. Fax No. 6. Employer representative HUMAN RESOUR	4b. Cell No.  4d. e-Mail  to contact  CES  Number of Workers employed  OVER 10,000
documentation. The Union's engaged in the above condition of Section 8(b)(1)(A).  3. Name of Employer St. John's Pleasant Valley Hopsital/Di  5. Location of Plant involved (street, city, state, and ZIP of 2309 Antonio Ave, Camarillo, CA 93010  7. Type of Establishment (factory, mine, wholesaler) HOSPITAL  10. Full name of party filing charge	luct for discrir ignity Health  ode)  8. Principal produc	42. Tel. No. (805) 389-5800 4c. Fax No. 6. Employer representative HUMAN RESOUR	4b. Cell No.  4d. e-Mail  to contact  CES  Number of Workers employed  OVER 10,000  11b. Cell No.
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documentation. The Union's engaged in the above condition of Section 8(b)(1)(A).  3. Name of Employer St. John's Pleasant Valley Hopsital/Di  5. Location of Plant involved (street, city, state, and ZIP of 2309 Antonio Ave, Camarillo, CA 93010  7. Type of Establishment (factory, mine, wholesaler) HOSPITAL  10. Full name of party filling charge (b) (6), (b) (7)(C)	ignity Health ode)  B. Principal product PATIENT C	42. Tel. No. (805) 389-5800 4c. Fax No. 6. Employer representative HUMAN RESOUR Tor service CARE SERVICES	4b. Cell No.  4d. e-Mail  to contact  CCES  Number of Workers employed  OVER 10,000  11b. Cell No.  (b) (6), (b) (7)(C)
documentation.  The Union's engaged in the above condition of Section 8(b)(1)(A).  3. Name of Employer  St. John's Pleasant Valley Hopsital/Di  5. Location of Plant involved (street, city, state, and ZIP of 2309 Antonio Ave, Camarillo, CA 93010  7. Type of Establishment (factory, mine, wholesaler)  HOSPITAL  10. Full name of party filing charge  (b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state, and Zi  (b) (6), (b) (7)(C)	ignity Health  ode)  8. Principal product  PATIENT C	42. Tel. No. (805) 389-5800 4c. Fax No. 6. Employer representative HUMAN RESOUR Tor service CARE SERVICES	4b. Cell No.  4d. e-Mail  to contact  CCES  9. Number of Workers employed  OVER 10,000  11b. Cell No.  (b) (6), (b) (7)(C)  11d e-Mail
documentation.  The Union's engaged in the above condition of Section 8(b)(1)(A).  3. Name of Employer  St. John's Pleasant Valley Hopsital/Di  5. Location of Plant involved (street, city, state, and ZIP of 2309 Antonio Ave, Camarillo, CA 93010  7. Type of Establishment (factory, mine, wholesaler)  HOSPITAL  10. Full name of party filing charge  (b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state, and Zi  (b) (6), (b) (7)(C)	ignity Health  ode)  8. Principal product  PATIENT C	42. Tel. No. (805) 389-5800 4c. Fax No. 6. Employer representative HUMAN RESOUR Tor service CARE SERVICES	4b. Cell No.  4d. e-Mail  to contact CCES  Number of Workers employed OVER 10,000  11b. Cell No. (b) (6), (b) (7)(C)  11d e-Mail
documentation.  The Union's engaged in the above condition of Section 8(b)(1)(A).  3. Name of Employer  St. John's Pleasant Valley Hopsital/Di  5. Location of Plant involved (street, city, state, and ZIP of  2309 Antonio Ave, Camarillo, CA 93010  7. Type of Establishment (factory, mine, wholesaler)  HOSPITAL  10. Full name of party filing charge  (b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state, and ZI  (b) (6), (b) (7)(C)  (b) (6), (b) (7)(C)  charge and	ignity Health  ode)  B. Principal product  PATIENT C  11c. Fax I	42. Tel. No. (805) 389-5800 4c. Fax No. 6. Employer representative HUMAN RESOUR TO or service CARE SERVICES	4b. Cell No.  4d. e-Mail  to contact  CCES  9. Number of Workers employed  OVER 10,000  11b. Cell No.  (b) (6), (b) (7)(C)  11d e-Mail
documentation.  The Union's engaged in the above condition of Section 8(b)(1)(A).  3. Name of Employer  St. John's Pleasant Valley Hopsital/Di  5. Location of Plant involved (street, city, state, and ZIP of  2309 Antonio Ave, Camarillo, CA 93010  7. Type of Establishment (factory, mine, wholesaler)  HOSPITAL  10. Full name of party filing charge  (b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state, and Zi  (b) (6), (b) (7)(C)  (b) (6), (b) (7)(C)  charge and	ignity Health  ode)  B. Principal product  PATIENT C  11c. Fax I	42. Tel. No. (805) 389-5800 4c. Fax No.  6. Employer representative HUMAN RESOUR TO or service CARE SERVICES	4b. Cell No.  4d. e-Mail  to contact CCES  Number of Workers employed OVER 10,000  11b. Cell No. (b) (6), (b) (7)(C)  11d e-Mail  tof my knowledge and bellef.
documentation.  The Union's engaged in the above condition of Section 8(b)(1)(A).  3. Name of Employer  St. John's Pleasant Valley Hopsital/Disc.  5. Location of Plant involved (street, city, state, and ZIP of 2309 Antonio Ave, Camarillo, CA 93010  7. Type of Establishment (factory, mine, wholesaler)  HOSPITAL  10. Full name of party filing charge  (b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state, and Zif (b) (6), (b) (7)(C)  (b) (6), (b) (7)(C)  (charge and By	ignity Health  ode)  B. Principal product  PATIENT C  11c. Fax I	42. Tel. No. (805) 389-5800 4c. Fax No. 6. Employer representative HUMAN RESOUR TO or service CARE SERVICES	4b. Cell No.  4d. e-Mail  to contact CCES  Number of Workers employed OVER 10,000  11b. Cell No. (b) (6), (b) (7)(C)  11d e-Mail  tof my knowledge and bellef.  Tel No.  Cell No.
documentation.  The Union's engaged in the above condition of Section 8(b)(1)(A).  3. Name of Employer  St. John's Pleasant Valley Hopsital/Di  5. Location of Plant involved (street, city, state, and ZIP of 2309 Antonio Ave, Camarillo, CA 93010  7. Type of Establishment (factory, mine, wholesaler)  HOSPITAL  10. Full name of party filing charge  (b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state, and Zi  (b) (6), (b) (7)(C)  (b) (6), (b) (7)(C)  (charge and Charge)	ignity Health  ode)  B. Principal product  PATIENT C  11c. Fax I	42. Tel. No. (805) 389-5800 4c. Fax No. 6. Employer representative HUMAN RESOUR Tor service CARE SERVICES	4b. Cell No.  4d. e-Mail  to contact CCES  Number of Workers employed OVER 10,000  11b. Cell No. (b) (6), (b) (7)(C)  11d e-Mail  Tel No.  Cell No. SAME AS ABOVE
documentation.  The Union's engaged in the above condition of Section 8(b)(1)(A).  3. Name of Employer St. John's Pleasant Valley Hopsital/Di  5. Location of Plant involved (street, city, state, and ZIP of  2309 Antonio Ave, Camarillo, CA 93010  7. Type of Establishment (factory, mine, wholesaler) HOSPITAL  10. Full name of party filing charge (b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state, and ZI (b) (6), (b) (7)(C)  (b) (6), (b) (7)(C)  (charge and	ignity Health  ode)  B. Principal product  PATIENT C  11c. Fax I	42. Tel. No. (805) 389-5800 4c. Fax No.  6. Employer representative HUMAN RESOUR TO or service CARE SERVICES	4b. Cell No.  4d. e-Mail  to contact CCES  Number of Workers employed OVER 10,000  11b. Cell No. (b) (6), (b) (7)(C)  11d e-Mail  tof my knowledge and bellef.  Tel No.  Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODF, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain those uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FU	NW EXEMPT DINDER 44 0.3.C. 3312
DO NOT WE	RITE IN THIS SPACE
Case	Date Filed
31-CB-221342	5/31/2018

CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS INSTRUCTIONS; File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. 1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT a. Name SEIU United Healthcare Workers West (b) (6), (b) (7)(C) c. Address (street, city, state and ZIP code) d. Tel No e Cell No 5480 Ferguson Dr. (323)734-8399 Los Angeles, CA 90022 g. e-Mail f. Fax No. h. The above-named organization(s) or its agents has (have) engaged in and is (are) engaging in unfair labor practices within the meaning of section 8(b), subsection(s) (list subsections) 1(A) of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganizing Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Within the past six months, the above-noted union has failed its duty of fair representation by refusing to fully grieve/help the undersigned with management's subcontracting of work/job duties including preferential assignment by management of work duties to other employees. 3. Name of Employer 4a. Tel No.( 310) Cedar Sinai Medical Center 423-5565 c. Fax No. g. e-Mail 5. Location of plant involved (street, city, state and ZIP code) 6. Employer representative to contact 8700 Beverly Blvd., Los Angeles, CA 90048 7. Type of establishment (factory, mine, wholesaler, etc.) 8. Identify principal product or service 9. Number of workers employed Hospital 100 +Hospital b. Cell No. (6), (b) (7)(C d. e-Mail Address of party filing charge (street, city, state and ZIP code) I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) Office, if any, Cell No. Fax No. rinutype name and title or office, if any) person making charge) e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

FOR	M EXEMPT UNDER 44 U.S.C. 3512		
DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
′31-CB-221346	5/31/2018		

CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. 1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT a. Name b. Union Representative to contact SEIU United Healthcare Workers West c. Address (street, city, state and ZIP code) e. Cell No. d Tel No 5480 Ferguson Dr. (323)734-8399 Los Angeles, CA 90022 f. Fax No. g. e-Mail 323 ) 721-3538 h. The above-named organization(s) or its agents has (have) engaged in and is (are) engaging in unfair labor practices within the meaning of section 8(b), subsection(s) (list subsections) 1(A) of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganizing Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Within the past six months, the above-noted union has failed its duty of fair representation by refusing to fully grieve/help the undersigned with management's subcontracting of work/job duties including preferential assignment by management of work duties to other employees. 3. Name of Employer b. Cell No. 4a. Tel No.( 310) Cedar Sinai Medical Center 423-5565 c. Fax No. g. e-Mail 5. Location of plant involved (street, city, state and ZIP code) 6. Employer representative to contact 8700 Beverly Blvd., Los Angeles, CA 90048 7. Type of establishment (factory, mine, wholesaler, etc.) 8. Identify principal product or service 9. Number of workers employed Hospital 100 +Hospital b. Cell No. (6), (b) (7)(C (b) (6), (b) (7)(C (b) (6), (b) (7 statements therein are true to the best of my knowledge and belief. (b) (6), (b) (7)(C e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

# CHARGE AGAINST LABOR ORGANIZATION

FU	KIN EXEMPT UNDER 44 0.3.6. 3312		
DO NOT WRITE IN THIS SPACE			
Case .	Date Filed		
31-CB-221347	5/31/2018		

OR ITS AGENTS INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. 1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT a. Name b. Union Representative to contact SEIU United Healthcare Workers West c. Address (street, city, state and ZIP code) e. Cell No d. Tel No 5480 Ferguson Dr. (323)734-8399 Los Angeles, CA 90022 f. Fax No. g. e-Mail 323 ) 721-3538 h. The above-named organization(s) or its agents has (have) engaged in and is (are) engaging in unfair labor practices within the meaning of section 8(b). subsection(s) (list subsections) 1(A) of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganizing Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Within the past six months, the above-noted union has failed its duty of fair representation by refusing to fully grieve/help the undersigned with management's subcontracting of work/job duties including preferential assignment by management of work duties to other employees. 3. Name of Employer b. Cell No. 4a. Tel No.( 310) Cedar Sinai Medical Center ) 423-5565 c. Fax No. g. e-Mail 5. Location of plant involved (street, city, state and ZIP code) 6. Employer representative to contact 8700 Beverly Blvd., Los Angeles, CA 90048 7. Type of establishment (factory, mine, wholesaler, etc.) 8. Identify principal product or service 9. Number of workers employed Hospital 100 +Hospital 10. Full name of party filing charge (b) (6), (b) (7)(C) 12. DECLARATION above charge and that the statements therein are true to the best of my knowledge and belief. Office, if any, Cell No. Fax No. e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

# CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

FORM EXEMPT UNDER 44 0.5.C. 3512			
DO NOT WRI	TE IN THIS SPACE		
Case	Date Filed		
31-CB-221355	5/31/2018		

INSTRUCTIONS: File an original with NLRB Regional Di			7.00	
	irector for the region in which ZATION OR ITS AGENTS AGA			f or is occurring.
a. Name SEIU United Healthcare Workers			b. Union Represe (b) (6), (b) (7	
c. Address (street, cit	y, state and ZIP code)	d. Tel No.	4	e. Cell No.
5480 Ferguson Dr.		( 323 )734	-8399	( ) .
Los Angeles, CA 90022		f. Fax No.		g. e-Mail
		( 323 ) 72		F P PA
h. The above-named organization(s) or its agents has (h. subsection(s) (list subsections) 1(A) of the National La meaning of the Act, or these unfair labor practices are un	abor Relations Act, and these	infair labor practice	s are unfair practices	affecting commerce within the
Within the past six months, the a by refusing to fully grieve/help th work/job duties including prefere employees.	e undersigned wi	th manage	ment's subco	ontracting of
3. Name of Employer  Cedar Sinai Medical Center			4a. Tel No. (310) 423-5565 c. Fax No.	b. Cell No.
		15		
5. Location of plant involved (street, city, state and ZIP of 8700 Beverly Blvd., Los Angeles, C		6.	Employer representa	ative to contact
7. Type of establishment (factory, mine, wholesaler, etc. Hospital	8. Identify principal produ     Hospital		Number of workers 6	employed
<sup>10</sup> (b) (6), (b) (7)(C)			(b) (6), (b) (7)	b. Cell No.
(b) (b), (b) (1)(c)		1.4		( )
XIII A		11.3	c. Fax No.	d. e-Mail
	ZIP code)		(b) (6), (b) (7)(C)	
11 Address of party filing charge (street city, state and				
(b) (6) (b) (7)(C)				
(b) (6), (b) $(7)(C)$	ARATION		Tel No. (b)	(6), (b) (7)(C)
(b) (6), (b) (7)(C)	ents therein are true to the best of	my knowledge and be		(6), (b) (7)(C)
(b) (6), (b) (7)(C)	[건경기원] 즐거거 되는 말로 모든 [ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	my knowledge and be		Coll No
(b) (6), (b) (7)(C)  1 declare that I have read the above charge and that the statement (b) (6), (b) (7)(C)	[건경기원] 즐거거 되는 말로 모든 [ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	my knowledge and be	elief.	
(b) (6), (b) (7)(C)	ents therein are true to the best of		elief.	Coll No
(b) (6), (b) (7)(C)  1 declare that I have read the above charge and that the statement (b) (6), (b) (7)(C)  By	ents therein are true to the best of		Office, fab.	Coll No
(b) (6), (b) (7)(C)  I declare that I have read the above charge and that the statement (b) (6), (b) (7)(C)  By Targnature of representative of person making charge)	(Print/type name and t		Office, if any (b) Fax No. ( ) e-Mail	(6), (b) (7)(C
(b) (6), (b) (7)(C)  1 declare that I have read the above charge and that the statement (b) (6), (b) (7)(C)  By	(Print/type name and t		Office, if and (b) Fax No.	Coll No

PRIVACY ACT STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (B.S. CODE, THEE 18, SECTION 1001)

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA): 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71-Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

	DO NOT WRITE IN THIS SPACE			
UNITED STATES OF AMERICA	Case	Date filed		
NATIONAL LABOR RELATIONS BOARD				
CHARGE AGAINST LABOR ORGANIZATION OR ITS	31-CB-229841	10/23/18		
AGENTS	The second second in the	inh the alleged unfair labor practice		
AGENTS  INSTRUCTIONS: File an original of this charge with the NLRB Region	nal Director of the region in wi	inch the suction of the		
occurred or is occurring.  1. LABOR ORGANIZATION OR ITS AGENT	S AGAINST WHICH CHARGE IS E	3ROUGH1		
a. Name	D DODGE KEDESSETTISTON	to Contact		
SEIU United Healthcare Workers West	(b) (6), (b) (7)(C)			
SEIO Office Presidente Provincia				
	d. Tel. No.	e.e. Cell No.		
c. Address		e.c. Gen No.		
5480 Ferguson Dr, Commerce, CA 90022-5119	(213)304-3013	g. e-Mail		
	f, Fax No.	g. E-Mail		
The above-named labor organization or its agents have engaged in a 8(b), subsection(s) (1)(A) of the National Labor Relations Act, and the the meaning of the Act, or are unfair practices affecting commerce with 2. Basis of the Charge (set torth a clear and concise statement of the fact Since about a time within the last six months, the above-employees in the exercise of rights protected by Section regarding employee harassment for arbitrary or disc.  3. Name of Employee.	ise unfair labor practices are unfaithin the meaning of the Act and the seconstituting the alleged unfair named labor organization.  7 of the Act by refusing to criminatory reasons or in both	nr practices affecting commerce within the Postal Reorganization Act.  Iabor practices)  has restrained and coerced process the grievance of additional and faith.		
Name of Employer     Kaiser Harbor City	4a. Tel. No.	4b. Cell No.		
	4c. Fex No.	4d. e-Mail		

Name of Employer     Kaiser Harbor City		4a. Tel. No.	4b. Cell No.		
		4c. Fex No.	4d. e-Mail		
5. Location of Plant involved (street, city, state, and ZIP code) 25965 Normandie Avenue, Harbor City, CA		6. Employer representative to contact			
<ol> <li>Type of Establishment (factory, mine, wholesaler)</li> <li>Hospital</li> </ol>	8. Principal produ Healthcare	ct or service	Number of Workers employed     1000		
10. Full name of party filing charge (b) (6), (b) (7)(C)		11a, Tel No.	11b. Cell No.		
		(b) (6), (b) (7)(C)			
		11c. Fax No.	(b) (6), (b) (7)(C)		
(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	12. DECLARA	TION stherein are true to the bes	at of my knowledge and belief.		
By:	(b) (6), (b) (7)	(C)	Tel No. (b) (6), (b) (7)(C)		
(mgr.	Print/type na	me and title or office, if any	Cen wo.		
(b) (6), (b) (7)(C)		Date: 122/19	Fax No.		
		10/20110	(b) (6) (b) (7)(C)		

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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INTERNET FORM NLRB-508 (2-08)

#### FORM EXEMPT UNDER 44 U.S.C 3512

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

#### **CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS**

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
31-CB-244563	7/5/2019		

			cuco occurre	ed or is occurring.
1. LABOR ORGANIZATION OR ITS	AGENTS AGAINST WHICH			
a. Name		b. Union Rep	presentative	to contact
Service Employees International Union (SEIU) -United Healthcare Wor	kers West	Dave Reg	gan	
		Title: Pres	ident	
				_
c. Address (Street, city, state, and ZIP code)		d. Tel. No.	200	e. Cell No.
5480 Ferguson Drive		(323) 734-83 f. Fax No.	399	g. e-Mail
CA Los Angeles 90022		I. Fax No.		g. e-ividii
<ul> <li>h. The above-named organization(s) or its agents has (have) engaged subsection(s) (list subsections) (3)</li> </ul>				the meaning of section 8(b), and these unfair labor practices
are unfair practices affecting commerce within the meaning of the Ac	t, or these unfair labor practi	ces are unfair	practices aff	fecting commerce within the
meaning of the Act and the Postal Reorganization Act.				
2. Basis of the Charge (set forth a clear and concise statement of the	facts constituting the alleged	d unfair labor <sub>l</sub>	oractices)	
See additional page				
o o o anamación pargo				
3. Name of Employer		4a. Tel. No.		b. Cell No.
Name of Employer     Hollywood Presbyterian Medical Center		4a. Tel. No. (213) 413-30	000	b. Cell No.
Name of Employer     Hollywood Presbyterian Medical Center			000	b. Cell No. d. e-Mail
		(213) 413-30	000	
Hollywood Presbyterian Medical Center		(213) 413-30		d. e-Mail
Hollywood Presbyterian Medical Center  5. Location of plant involved (street, city, state and ZIP code)		(213) 413-30		
Hollywood Presbyterian Medical Center		(213) 413-30		d. e-Mail
Hollywood Presbyterian Medical Center  5. Location of plant involved (street, city, state and ZIP code) 1300 N Vermont Ave	Identify principal product	(213) 413-30 c. Fax No.	6. Employ	d. e-Mail
Hollywood Presbyterian Medical Center  5. Location of plant involved (street, city, state and ZIP code) 1300 N Vermont Ave CA Los Angeles 90027	Identify principal product	(213) 413-30 c. Fax No.	6. Employ	d. e-Mail ver representative to contact
5. Location of plant involved (street, city, state and ZIP code) 1300 N Vermont Ave CA Los Angeles 90027  7. Type of establishment (factory, mine, wholesaler, etc.)	Identify principal product	(213) 413-30 c. Fax No.	6. Employ Title: 9. Numbe	d. e-Mail ver representative to contact er of workers employed
5. Location of plant involved (street, city, state and ZIP code) 1300 N Vermont Ave CA Los Angeles 90027  7. Type of establishment (factory, mine, wholesaler, etc.)  10. Full name of party filing charge	Identify principal product	(213) 413-30 c. Fax No.	6. Employ Title: 9. Numbe	d. e-Mail ver representative to contact
5. Location of plant involved (street, city, state and ZIP code) 1300 N Vermont Ave CA Los Angeles 90027  7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	(213) 413-30 c. Fax No. or service	6. Employ Title: 9. Numbe	d. e-Mail ver representative to contact er of workers employed
5. Location of plant involved (street, city, state and ZIP code) 1300 N Vermont Ave CA Los Angeles 90027  7. Type of establishment (factory, mine, wholesaler, etc.)  10. Full name of party filing charge (b) (6), (b) (7)(C)	8. Identify principal product	(213) 413-30 c. Fax No. or service 11a. Tel. No (b) (6), (b) (7)	6. Employ Title: 9. Numbe	d. e-Mail ver representative to contact er of workers employed b. Cell No.
5. Location of plant involved (street, city, state and ZIP code) 1300 N Vermont Ave CA Los Angeles 90027  7. Type of establishment (factory, mine, wholesaler, etc.)  10. Full name of party filing charge (b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state and ZIP code.)	8. Identify principal product	(213) 413-30 c. Fax No. or service 11a. Tel. No (b) (6), (b) (7)	6. Employ Title: 9. Numbe	d. e-Mail  ver representative to contact  er of workers employed  b. Cell No.  d. e-Mail
5. Location of plant involved (street, city, state and ZIP code) 1300 N Vermont Ave CA Los Angeles 90027  7. Type of establishment (factory, mine, wholesaler, etc.)  10. Full name of party filing charge (b) (6), (b) (7)(C)	8. Identify principal product	(213) 413-30 c. Fax No. or service 11a. Tel. No (b) (6), (b) (7)	6. Employ Title: 9. Numbe	d. e-Mail  ver representative to contact  er of workers employed  b. Cell No.  d. e-Mail
5. Location of plant involved (street, city, state and ZIP code) 1300 N Vermont Ave CA Los Angeles 90027  7. Type of establishment (factory, mine, wholesaler, etc.)  10. Full name of party filing charge (b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C)		(213) 413-30 c. Fax No. or service 11a. Tel. No (b) (6), (b) (7) c. Fax No.	6. Employ Title: 9. Numbe	d. e-Mail  ver representative to contact  er of workers employed  b. Cell No.  d. e-Mail (b) (6), (b) (7)(C)
5. Location of plant involved (street, city, state and ZIP code)  1300 N Vermont Ave CA Los Angeles 90027  7. Type of establishment (factory, mine, wholesaler, etc.)  10. Full name of party filing charge (b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C)  12. DECLARATION I declare that I have read the above charge and that the statements therein are true to the content of	the best of my knowledge and belie	(213) 413-30 c. Fax No. or service 11a. Tel. No (b) (6), (b) (7) c. Fax No.	6. Employ Title: 9. Numbe	d. e-Mail  ver representative to contact  er of workers employed  b. Cell No.  d. e-Mail (b) (6), (b) (7)(C)
5. Location of plant involved (street, city, state and ZIP code) 1300 N Vermont Ave CA Los Angeles 90027  7. Type of establishment (factory, mine, wholesaler, etc.)  10. Full name of party filing charge (b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C)  12. DECLARATION I declare that I have read the above charge and that the statements therein are true to the By  (b) (6), (b) (7)(C)	the best of my knowledge and belie	(213) 413-30 c. Fax No. or service 11a. Tel. No (b) (6), (b) (7) c. Fax No.	6. Employ Title: 9. Numbe	d. e-Mail  ver representative to contact  er of workers employed  b. Cell No.  d. e-Mail (b) (6), (b) (7)(C)
5. Location of plant involved (street, city, state and ZIP code) 1300 N Vermont Ave CA Los Angeles 90027  7. Type of establishment (factory, mine, wholesaler, etc.)  10. Full name of party filing charge (b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C)  12. DECLARATION I declare that I have read the above charge and that the statements therein are true to the By  (b) (6), (b) (7)(C)	the best of my knowledge and belie	(213) 413-30 c. Fax No. or service 11a. Tel. No (b) (6), (b) (7) c. Fax No.	6. Employ Title: 9. Numbe . (C)	d. e-Mail  ver representative to contact  er of workers employed  b. Cell No.  d. e-Mail (b) (6), (b) (7)(C)
5. Location of plant involved (street, city, state and ZIP code) 1300 N Vermont Ave CA Los Angeles 90027  7. Type of establishment (factory, mine, wholesaler, etc.)  10. Full name of party filing charge (b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C)  12. DECLARATION I declare that I have read the above charge and that the statements therein are true to the signature of representative or person making charge)  (Print/type in the statement of t	the best of my knowledge and belie (b) (6), (b) (7)(C) name and title or office, if any	(213) 413-30 c. Fax No. or service 11a. Tel. No (b) (6), (b) (7) c. Fax No.	6. Employ Title: 9. Numbe  (b) (6), (t) No. No.	d. e-Mail  ver representative to contact  er of workers employed  b. Cell No.  d. e-Mail (b) (6), (b) (7)(C)
5. Location of plant involved (street, city, state and ZIP code) 1300 N Vermont Ave CA Los Angeles 90027  7. Type of establishment (factory, mine, wholesaler, etc.)  10. Full name of party filing charge (b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C)  12. DECLARATION I declare that I have read the above charge and that the statements therein are true to the By  (b) (6), (b) (7)(C)	the best of my knowledge and belie (b) (6), (b) (7)(C) name and title or office, if any	(213) 413-30 c. Fax No. or service 11a. Tel. No (b) (6), (b) (7) c. Fax No. Tel. f. Cell	6. Employ Title: 9. Numbe  No. (b) (6), (b) No. No.	d. e-Mail  ver representative to contact  er of workers employed  b. Cell No.  d. e-Mail (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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# **Basis of the Charge**

## 8(b)(3)

Within the previous six months, the above-named labor organization has failed and refused to bargain in good faith with the employer.

INTERNET FORM NLRB-508 (2-08)

#### FORM EXEMPT UNDER 44 U.S.C 3512

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

#### **CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS**

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
31-CB-244632	7/8/2019		

INSTRUCTIONS: File an original with NLRB Regional Director for the i	region in which the alleged ui	nfair labor pra	ctice occurre	ed or is occurring.
1. LABOR ORGANIZATION OR ITS	AGENTS AGAINST WHICH	CHARGE IS	BROUGHT	
a. Name     Service Empolyees International Union (SEIU)-United Healthcare Work	kers West	b. Union Rep Dave Rega		to contact
		Title: Presi	ident	
c. Address (Street, city, state, and ZIP code)		<ul><li>d. Tel. No.</li><li>(323) 734-83</li></ul>	399	e. Cell No.
5480 Ferguson Drive CA Los Angeles 90022		f. Fax No.		g. e-Mail
h. The above-named organization(s) or its agents has (have) engaged is subsection(s) (list subsections) (3) are unfair practices affecting commerce within the meaning of the Act meaning of the Act and the Postal Reorganization Act.	of the Natio	onal Labor Rel	ations Act, a	and these unfair labor practices
2. Basis of the Charge (set forth a clear and concise statement of the	facts constituting the alleged	d unfair labor p	oractices)	
See additional page				
Name of Employer	1	4a. Tel. No.		b. Cell No.
Hollywood Presbyterian Medical Center		(213) 413-30 c. Fax No.	00	d. e-Mail
5. Location of plant involved (street, city, state and ZIP code)			6. Employ	er representative to contact
1300 N. Vermont Ave CA Los Angeles 90027			Title:	
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or service	9. Numbe	r of workers employed
10. Full name of party filing charge (b) (6), (b) (7)(C)		11a. Tel. No. (b) (6), (b) (7)(		b. Cell No. (b) (6), (b) (7)(C)
		c. Fax No.		d. e-Mail (b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C)	l			
12. DECLARATION I declare that I have read the above charge and that the statements therein are true to t	the best of my knowledge and belie	f.	No. (b) (6), (b	o) (7)(C)
	(b) (6), (b) (7)(C) name and title or office, if any	Cell	No. (b) (6), (b	o) (7)(C)
(1 mutype i	Title:	Fax	No.	
(b) (6), (b) (7)(C)  Address	(date) <sup>07/6/2019</sup>	e-M		, (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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# **Basis of the Charge**

## 8(b)(3)

Within the previous six months, the above-named labor organization has failed and refused to bargain in good faith with the employer.

INTERNET FORM NLRB-508 (2-08)

#### FORM EXEMPT UNDER 44 U.S.C 3512

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

### **CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS**

DO NOT WRITE IN THIS SPACE				
Case Date Filed				
31-CB-255152	1/23/2020			

INSTRUCTIONS: File an original with NLRB Regional Director for the	region in which the alleged u	nfair labor pra	ctice occurre	ed or is occurring.
1. LABOR ORGANIZATION OR ITS	AGENTS AGAINST WHICH	CHARGE IS	BROUGHT	
a. Name		b. Union Rep	oresentative	to contact
SEIU UHW		(b) (6), (b) (7	)(C)	
		Title:		
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No.
FAOO Forgueon Dr		(323) 734-83	399	
5480 Ferguson Dr CA Commerce 90022-		f. Fax No.		g. e-Mail
CA Confinerce 90022				
<ul> <li>h. The above-named organization(s) or its agents has (have) engaged subsection(s) (list subsections) (1)(A)</li> </ul>				the meaning of section 8(b), and these unfair labor practices
are unfair practices affecting commerce within the meaning of the Ad	ct. or these unfair labor practi	ices are unfair	practices af	fecting commerce within the
meaning of the Act and the Postal Reorganization Act.	, p		,	
2. Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the alleged	d unfair labor i	oractices)	
	racio corremannig are amoger		.,	
See additional page				
oce additional page				
		4a. Tel. No.		b. Cell No.
Name of Employer		4a. Tel. No.		b. Cell No.
Kaiser Permanente		a Fay Na		d a Madi
		c. Fax No.		d. e-Mail
Location of plant involved (street, city, state and ZIP code)			6 Employ	ver representative to contact
			o. Linploy	refresentative to contact
25825 S. Vermont Avenue CA Harbor City 90710			Title:	
			Tiue.	
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or service	9. Numbe	er of workers employed
10. Full name of party filing charge	1	11a. Tel. No	•	b. Cell No.
10. Full name of party filing charge		(b) (6), (b) (7)		D. COIL NO.
(b) (6), (b) (7)(C)			(0)	d a Mail
		c. Fax No.		d. e-Mail
11. Address of party filing charge (street, city, state and ZIP code.)				(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)				
12. DECLARATION		Tel.	No.	
I declare that I have read the above charge and that the statements therein are true to	the best of my knowledge and belie	ef.	(b) (6), (t	b) (7)(C)
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Cell	No.	
HW V / V / V / V / V		_		
	name and title or office if any	v) l		
(signature of representative or person making charge) (Print/type		y) Fax	No.	
(signature of representative or person making charge) (Print/type	name and title or office, if any Title:	y) Fax	No.	
	Title:	Fax e-M	lail	
(signature of representative or person making charge) (Print/type		Fax e-M	lail	), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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# **Basis of the Charge**

## 8(b)(1)(A)

Within the previous six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by refusing to process the Charging Party's grievance for arbitrary or discriminatory reasons or in bad faith.

(b) (6), (b) (7)(C)

UNITED STATES OF AMERICA		DO NOT WRITE IN THIS SPACE			
NATIONAL LABOR RELATIONS BOARD		ase	Date filed		
CHARGE AGAINST LABOR ORGANIZATIO OR ITS AGENTS		31-CB-260931	5/26/2020		
INSTRUCTIONS: File an original of this charge with the occurred or is occurring.			The control of the same of		
LABOR ORGANIZATION			The state of the s		
a. Name SEIU UHW		Union Representative (b) (6), (b) (7)(C). Service	see attachment for additional		
c. Address	4	Te . No.	e. Cell No.		
5480 Ferguson Drive	1.7				
		323) 734-8399			
Commerce, CA 90022	f.,	Fax No.	g. e-Mail		
the Act, or are unfair practices affecting commerce wit  2. Basis of the Charge (set forth a clear and concise state  SEE ATTA	ement of the fact.				
Name of Employer		4a, Tel, No.	4b. Cell No.		
Kaiser Permanente					
		4c. Fax No	4d. e-Mail		
<ol> <li>Location of Plant involved (street, city, state, and ZiP of 25825 S. Vermont Avenue Harbor City, CA 90710</li> </ol>	code)	Employer represen	lative to contact		
7. Type of Establishment (factory, mine, wholesaier)	8. Principal pr	oduct or service	9. Number of Workers employed		
Hospital	Hospital				
Full name of party filing charge	Hospital	11a, Tel. No.	11b. Cell No.		
(b) (6), (b) (7)(C)		(b) (6), (b) (7)			
		11c. Fax No.	11d e-Mail		
			110 Gardii		
			(b) (6), (b) (7)(C)		
11. Address of party filing charge (street, city, state, and 2	ZIP code)				
(b) (6), (b) (7)(C)	12. DECL	ARATION	(b) (6), (b) (7)(C)		
(b) (6), (b) (7)(C)	12. DECL	ARATION	(b) (6), (b) (7)(C)		
(b) (6), (b) (7)(C)	12. DECL	ARATION ents therein are true t	(b) (6), (b) (7)(C)		
(b) (6), (b) (7)(C)    Idealare that I have read the above charge and (b) (6), (b) (7)(C)	12. DECL	ARATION Lents therein are true t	(b) (6), (b) (7)(C)  to the best of my knowledge and belief.		
(b) (6), (b) (7)(C)    Idealare that I have read the above charge and (b) (6), (b) (7)(C)	12. DECLI	ents therein are true t	(b) (6), (b) (7)(C)  to the best of my knowledge and belief.  Tel No (b) (6), (b) (7)(C)		
(b) (6), (b) (7)(C)  I declare that there read the above charge and (b) (6), (b) (7)(C)  By (see Section 1) on making charge)  Address:	12. DECLI d that the statem Print/typ any Inc. Date:	ents therein are true to e name and title or offic dividual	(b) (6), (b) (7)(C)  to the best of my knowledge and belief.  Tel No (b) (6), (b) (7)(C)		
(b) (6), (b) (7)(C)  Lideclare that I have read the above charge and (b) (6), (b) (7)(C)  By (s. p.n. making charge)	12. DECLI d that the statem Print/typ any Inc. Date:	ents therein are true t	(b) (6), (b) (7)(C)  to the best of my knowledge and belief.  Tel No (b) (6), (b) (7)(C)  re, if Celi No.		

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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# ATTACHMENT TO CHARGE FILED BY (b) (6), (b) (7)(C) against SEIU UHW

## ADDITIONAL SERVICE FOR UNION (Items 1b-g)

Charging Party Union Legal Representative Christina L. Adams, Attorney at Law Weinberg, Roger & Rosenfeld 800 Wilshire Boulevard, Suite 1020 Los Angeles, CA 90017

Phone: (213) 380-2344 Fax: (213) 443-5098

Email: cadams@unioncounsel.net

## SECTION 2. BASIS OF THE CHARGE

Within the past 6 months, the Union violated Section 8(b)(1)(A) of the National Labor Relations Act by failing to timely provide the Charging Party with information requested related to the Employer's reasons for denying grievance and/or a copy of the Employer's grievance denial response.

FORM NLRB-508 (3-21)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE				
Case		Date Filed		
	31-CB-298097	6/21/2022		

INSTRUCTIONS: F e an or g na with NLRB Regional Director for the region in which the alleged unfair abori practice occurred or is occurring.

4 1 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	D ITO 4 OF LITO		05 10 0001	IOUT	Control of the Contro		
LABOR ORGANIZATION C     a. Name	OR ITS AGENTS	AGAINST WHICH CHAR			to contact		
SEIU United Healthcare Workers - West				b. Union Representative to contact (b) (6), (b) (7)(C)			
c. Address (Street, city, state, and ZIP code)			d. Tel. No. (323) 73		e. Cell No.		
5480 Ferguson Drive, Los Angeles, California 90022			f. Fax. No.				
			g. e-mail	), (b) (7)	)(C)		
h. The above named abor organ zat on has engaged n and s 8(b)(3) pract ces are pract ces affect ng commerce w th n the mean ng of the Act and the Posta Reorgan zat on Act.		of the Nat of	ona Labor Re	at ons Act,	and these unfar abor		
Union filed on behalf of (b) (6), (b) (7)(C) Employer to evaluate the grievance and its pr full and complete responses to the Employer's					to allow the to refuse to provid		
3. Name of Employer West Hills Hospital & Medical Center	- 1	4a. Tel. No. (818) 676-4000	b. Cell No. c. Fax No.		c. Fax No.		
West Tills Flospital & Medical Center		d. e-mail Adam.Gardner@hcahealthcare.com					
5. Location of plant involved (street, city, state and ZIP code)			6. Employe	er representa	tive to contact		
7300 Medical Center Drive, West Hills, Califo	rnia 91307		Bret Ya	aw .			
7. Type of establishment (factory, mine, wholesaler, etc.) Hospital	8. Identify   Health	principal product or servic Care	e	9. Number 900+	of workers employed		
10. Full name of party filing charge West Hills Hospital & Medical Center c/o Ford	dHarrison, Ll	_P		4			
11. Address of party filing charge (street, city, state and ZIP code)		11a. Tel. No. (407) 418-4345	b. Cell No. c. Fax No. (407) 230-7895 (407) 418		c. Fax No. (407) 418-2327		
300 South Orange Avenue, Suite 1300 Orlando, Florida 32801		d. e-mail byaw@fordharrison.com					
12. DECLARATION I dec are that I have read the above charge and that the statements are true to the best of my know edge and be ef.  Bret Yaw, Attorney			Tel. No. (407) 418-4345 Cell No. (407) 230-7895		3-4345		
		ttorney			-7895		
(signature of representative or person making charge)	(Print/type n	ame and title or office, if any)	Z	Fax No. (407) 418	-2327		
Address 300 S. Orange Ave., Ste. 1300, Orlando, FL 32801 <sub>Date</sub> June 21, 2022		8	e-mail byaw@fordharrison.com				

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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· UNITED STATES OF AMERICA		DO NOT V	VRITE IN THIS SPACE		
	NATIONAL LABOR RELATIONS BOARD		Date filed		
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS		32-CB-193899	02/27/2017		
NSTRUCTIONS: File an original of this charge with occurred or is occurring.					
	N OR ITS AGENTS	AGAINST WHICH CHARGE IS B			
<ol> <li>Name         Service Employes International Union, United Healthcare Workers West     </li> </ol>		b. Union Representative to Contact (b) (6), (b) (7)(C)			
c. Address 2995 Moorpark Ave, San Jose, CA 95128-2509		d. Tel. No. (408)557-2835	e. Cell No.		
		f. Fax No.	g. e-Mail		
the Act, or are unfair practices affecting commerce with Basis of the Charge (set forth a clear and concise state Within the prior six months, the above-name exercise of rights protected by Section 7 of regarding vacation, sick time, wages, and he	ntement of the facts led labor organize the Act by refus	constituting the alleged unfair la zation has restrained and sing to file or process the o	bor practices) coerced employees in the grievance of [0](6],(0)(7)(0) reasons or in bad faith		
Name of Employer     The Kaiser Permanente Medical Group		4a Tel. No.	45. Call No		
		4s. Fax No.	4d. e-Mail		
5. Location of Plant involved (street, city, state, and ZIP	code)	6. Employer representative	e to contact		
250 Hospital Pkwy, San Jose, CA 95119-1		Lina Slack HR Dire			
Type of Establishment (factory, mine, wholesaler)	8. Principal pro	duct or service	9. Number of Workers employed		
Medical Services	Medical Se	ervices	200		
10. Full name of party filing charge (b) (6), (b) (7)(C)		11a. Tel. No.	11b. Cell No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)		
		1c. Fax No.	11d e-Mail (b) (6), (b) (7)(C)		
11. Address of party filing charge (street, city, state, and	ZIP code)		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(b) (6), (b) (7)(C)	12. DEGLA	RATION			
I declare that I have read the above charge at	nd that the stateme	ents therein are true to the bes			
(b) (6), (b) (7)(C)			(b) (6), (b) (7)(C		
(s		(b) (7)(C) e name and title or office, if any	Cell No. (b) (6), (b) (7)(C)		
Address: (b) (6), (b) (7)(C)		9/27/17	Fax No.		
		0/2/11/	e-Mail (b) (6), (b) (7)(C)		

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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(b) (6), (b) (7)(0) (b) (6), (b) (7)(C)

UNITED STATES OF AMERICA		DO NOT	WRITE IN THIS SPACE
NATIONAL LABOR RELATIONS BOAI	And the same of th	Case	Date filed
CHARGE AGAINST LABOR ORGANIZATION AGENTS	ON OR ITS	32-CB-206906	9/26/2017
INSTRUCTIONS. File an original of this charge with occurred or is occurring	the NLRB Region	al Director of the region in wh	ich the alleged unfair labor practice
1 LABOR ORGANIZATIO	N OR ITS AGENTS	AGAINST WHICH CHARGE IS E	
a Name SEIU-UHW West		b Union Representative Hector Rivera	to Contact
Address 2995 Moorpark Ave, San Jose, CA 95128-2	2509	d Tel No (408)406-3062	e e Celi No (408)406-3062
		f Fax No	g e-Mail
The above-named labor organization or its agents hat 8(b) subsection(s) (1)(A)of the National Labor Relationating of the Act or are unfair practices affecting of the Basis of the Charge (set forth a clear and concise sta	ons Act, and these commerce within th	unfair labor practices are unfair ne meaning of the Act and the Po	r practices affecting commerce within the ostal Reorganization Act
3 Name of Employer		4a Tel No	SEP 2) 71 1 29
The Permanente Medical Group		408-360-6843 4c Fax No	4d e-Mail
5 Location of Plant involved (street, city, state, and ZIF	code)	6 Employer representati	ve to contact
256 International Cir, San Jose, CA 95119-	-1130	Debbie Molina	
7 Type of Establishment (factory, mine, wholesaler) Hospital		oduct or service	9 Number of Workers employed 500+
10 Full name of party filing charge (b) (6), (b) (7)(C)		11a Tel No (b) (6), (b) (7)(C)	11b Cell No
11 Address of party filing charge (street city, state and	I ZIP code)	11c Fax No	11d e-Mail
(b) (6), (b) (7)(C)	12 DECL	ARATION	
I declare that I have read the above charge a		13-V-12-	
(b) (6), (b) (7)(C)			Tel No
n making charge)		(b) (7)(C) be name and title or office, if any	(b) (6), (b) (7)(C)

# WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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5159

UNITED STATES OF AMERICA	DO NOT WRITE IN THIS SPACE	
NATIONAL LABOR RELATIONS BOARD	Case	Date flied
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS	32-CB-215713 2-28-2018	
INSTRUCTIONS: File an original of this charge with the NLRB Regional Inductor of Is occurring.  1. LABOR ORGANIZATION OR ITS AGENTS AGE		
a. Name Service Employes International Union — United Healthcare Workers West	b. Union Representative Vicky Jackson Director	e to Contact
c. Address 560 Thomas L Berkley Way, Oakland, CA 94612-1602	d. Tel. No. (510)251-1250	e.e. Cell No. (916)425-8069
	f. Fax No. (510)763-2680	g. e-Mall vjackson@seiu-uhw.org
h. The above-named labor organization or its agents have engaged in and an B(b)(1)(A) of the National Labor Relations Act, and these unfair labor pract the Act, or are unfair practices affecting commerce within the meaning of the	ices are unfair practices affe	ecting commerce within the meaning of
<ol> <li>Basis of the Charge (set forth a clear end concise statement of the facis of Within the Section 10(b) period, the above-named labor organization of rights protected by Section 7 of the Act by falling</li> </ol>	onstituting the elleged unfair anization has restrained	lebor prectices) d and coerced employées in the

3. Name of Employer Kaiser Permanente		4a. Tel. No. (525) 979-7559	4b. Cell No.	
		4c. Fax No.	Anne. C. Brinklayankp. ors	
5. Location of Plant involved (street, city, state, and ZIP	code)	6. Employer representative to contact		
2835 Mitchell Dr. Walnut Creek, CA 94598-		Anne Brinkley Man		
7. Type of Establishment (factory, mine, wholesaler)	8. Principal produ	ict or service	9. Number of Workers employed	
Hospital	Healthcare 5	Services	1000	
10. Full name of party filing charge (b) (6), (b) (7)(C)		11a, Tel No.	11b. Cell No. (b) (6), (b) (7)(C)	
		11c. Fax No.	11d e-Mail (b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C)				
I declare that I have read the above charge ar	12. DECLARA  Ind that the statement		t of my knowledge and belief.	
(b) (6), (b) (7)(C)	(b) (6), (b)		Tel No.	
(signature of representative or person making charge)		ame and title or office, If any	Cell No. (b) (6). (b) (7)(C)	
Address (b) (6), (b) (7)(C)		Date:	Fax No.	
*		2-28-2018	e-Mall (b) (6), (b) (7)(C)	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT
Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

INTERNET FORM NLRB-508 (2-08)

#### FORM EXEMPT UNDER 44 U.S.C 3512

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

#### **CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS**

DO NOT WRITE IN THIS SPACE				
Case 32-CB-215930	Date Filed 3/1/2018			

INSTRUCTIONS: File an original with NLRB Regional Director for the	region in which the alleged u	ntair labor pra	ctice occurre	ed or is occurring.
1. LABOR ORGANIZATION OR ITS	AGENTS AGAINST WHICH			
a. Name		b. Union Rep	resentative	to contact
seiu-uhw		Marta Don	ninguez	
		Title: Union	Representativ	ve over Walnut Creek Kaiser Region
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No.
		(510) 251-12	250	
560 Thomas L Berkley Way CA Oakland 94612-1602		f. Fax No.		g. e-Mail
on canala cross rose		(510) 763-26	80	
h. The above-named organization(s) or its agents has (have) engaged subsection(s) (list subsections) (1)(A) are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.	of the Natio	onal Labor Rel	ations Act, a	and these unfair labor practices
2. Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the allege	d unfair labor p	ractices)	
See additional page				
oce additional page				
3. Name of Employer		4a. Tel. No. (925) 295-40	00	b. Cell No.
Kaiser Permanente Hospital		c. Fax No.	00	d. e-Mail
Location of plant involved (street, city, state and ZIP code)			6 Employ	ver representative to contact
1425 S Main St			o. Employ	rei representative to contact
CA Walnut Creek 94596-5300			Title:	
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or service	9. Numbe	er of workers employed
Healthcare	Healthcare		2705	
10. Full name of party filing charge		11a. Tel. No.		b. Cell No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(	C)	(b) (6), (b) (7)(C)
		c. Fax No.		d. e-Mail (b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state and ZIP code.)				(b) (0), (b) (1)(C)
(b) (6), (b) (7)(C)				
12. DECLARATION		Tel.	No.	
I declare that I have read the above charge and that the statements therein are true to			(b) (6), (t	o) (7)(C)
By(signature of representative or person making charge) (Print/type	b) (6), (b) (7)(C)	Cell	No. (b) (6), (t	b) (7)(C)
(Fillibly)	Title:	Fax	No.	
(b) (6), (b) (7)(C)			ail	
		e-M	an	
Address	(date)_ <sup>03/1/2018</sup>	11:42:37		, (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

# **Basis of the Charge**

## 8(b)(1)(A)

Within the previous six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by refusing to process the Charging Party's grievance for arbitrary or discriminatory reasons or in bad faith.

>> NLR

P 2/2

INTERNET FORM NLRB-508 (2-08)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
32-CB-221135	05-25-2018		

OR ITS AGENTS INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT b. Union Representative to contact a, Name L250 (b) (6), (b) (7)(C) SEIU-UHW L250 Title: (b) (6), (b) (7)(C) d. Tel. No. e. Cell No. c. Address (Street, city, state, and ZIP code) (415) 306-1394 (b) (6), (b) (7)(C 560 Thomas L Berkley Way f. Fax No. g. e-Mall CA Oakland 94612-1602 (b) (6), (b) (7)(C) h. The above-named organization(s) or its agents has (heve) engaged in and is (ere) engaging in unfelr labor practices within the meaning of section 8(b). subsection(s) (list subsections) (1)(A) of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices). --See additional page--4a. Tel. No. b. Cell No. 3. Name of Employer Kaiser, Richmond c. Fax No. d. e-Mail 5. Location of plant involved (street, city, state and ZIP code) Employer representative to contact 901 Navin Ave CA Richmond 94801-Title: 7. Type of establishment (fectory, mine, wholesaler, etc.) 9. Number of workers employed 8. Identify principal product or service Healthcare Facilities 11a. Tel. No. b. Cell No. 10. Full name of party filing charge (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) d. e-Mail c. Fax No. (b) (6), (b) (7)(C) Address of party filing charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)DECLARATION statements therein are true to the best of my knowledge and belief. Tel. No declare that I have read the above (b) (6), (b) (7)(C) Cell No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C (signature of representative person mening charge) (Print/type name and title or office, if any) Fax No. Title: 5/25/2018 (b) (6), (b) (7)(C) e-Mail (date) 08/23/2016 12:56:14 (b) (6), (b) (7)(C) Address

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT
Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the Information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the Information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the Information will cause the NLRB to decline to Invoke its processes.

## Basis of the Charge

## 8(b)(1)(A)

Within the previous six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by refusing to process the Charging Party's grievance for arbitrary or discriminatory reasons or in bad faith.

UNITED STATES OF AMERICA	DO NOT WRITE IN THIS SPACE	
NATIONAL LABOR RELATIONS BOARD	Case	Date filed
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS	32-CB-224463	7-24-2018
INSTRUCTIONS: File an original of this charge with the NLRB Regional occurred or is occurring.	Director of the region in wh	ich the alleged unfair labor practice
LABOR ORGANIZATION OR ITS AGENTS A	GAINST WHICH CHARGE IS B	RÖUGHT
a. Neme SEIU-UHW (SERVICE EMPLOYEES INTERNATIONAL UNION UNITED HEALTHCARE WORKERS - WEST)	b. Union Representative (b) (6), (b) (7)(C)	to Contact
c. Address 560 Thomas L. Berkley Way, Oakland, CA 94612-1602	d. Tel. No. (510)251-1250	e.e. Cell No.
	f. Fax No. (510)763-2680	g. a-Mail
h. The above-named labor organization or its agents have engaged in and a 8(b), subsection(s) (1)(A)of the National Labor Relations Act, and these umeaning of the Act, or are unfair practices affecting commerce within the	ınfair labor practices are unfair	practices affecting commerce within the
	meaning of the Act and the Po	stal Reorganization Act.

Within the past six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by refusing and/or failing to file and process the grievance of (b) (6), (b) (7)(c) regarding disciplines and suspension for arbitrary or discriminatory reasons or in bad faith.

Name of Employer     Regional Medical Center of San Jose		4a. Tel. No. (408) 272-6495	4b. Cell No.
		4c. Fax No.	4d. e-Mail John.Franceschi@HCAHe althcare.com
5. Location of Plant Involved (street, city, state, and ZIP	code)	6. Employer representative	to contact
225 N Jackson Ave, San Jose, CA 95116-1	603	John Franceschi, I	Labor Relations Director
7. Type of Establishment (factory, mine, wholesaler) I-lospital	7. Type of Establishment (factory, mine, wholesaler) 8. Principal produ		9. Number of Workers employed 700
10. Full name of party filing charge		11a Tel. No.	11b. Cell No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)
		11c, Fax No.	11d e-Mail (b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state, and	ZIP code)	***************************************	
(b) (6), (b) (7)(C)			
<del>Ликовандан кайтан кайтан кайтан кайтан байтан кайтан кайтан кайтан кайтан кайтан кайтан кайтан кайтан кайтан ка</del>	12. DECLAR	ATION	
I declare that I have read the above charge ar	d that the statemen	its therein are true to the besi	t of my knowledge and belief.
(b) (6), (b) (7)(C)		o) (7)(C) an Individual	Tel No. (b) (6), (b) (7)(C)
(signature of representative or person making charge)	Print/type name and title or office, if any		Cell No. (b) (6), (b) (7)(C)
Address;		Date:	Fax No.
(b) (6), (b) (7)(C)		07/24/2018	e-Mail (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et. teg. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA	DO NOT	WRITE IN THIS SPACE
NATIONAL LABOR RELATIONS BOARD	Case	Date fled
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS		
NSTRUCTIONS: File an original of this charge with the NLRB Regiona occurred or is occurring.		
LABOR ORGANIZATION OR ITS AGENTS A		
<ul> <li>Name</li> <li>Service Employees International Union – United Healthcare Workers West</li> </ul>	(b) (6), (b) (	7)(C)
c. Address 1650 Harbor Parkway, Suite 200, Alameda CA 94502	(510) 437-8100	e.a. Cell No.
	f. Fax No. (510) 261-2039	g. e-Mail
The above-named labor organization or its agents have engaged in and 8(b), subsection(s) (1)(A) of the National Labor Relations Act, and these the meaning of the Act, or are unfair practices affecting commerce within 2. Basis of the Charge (set forth a clear and concise statement of the facts of Within the past six months, the above-named labor organization of rights protected by Section 7 of the Act by refus regarding being passed over for shifts in violation of the ser discriminatory reasons or in bad faith.	unfair labor practices are unfai the meaning of the Act and the constituting the alleged unfair le ation has restrained and sing to process the grieva	r practices affecting commerce within a Postal Reorganization Act abor practices) coerced employees in the ince of (b) (6), (b) (7)(C)

Address: (b) (6), (b) (7)(C)		Date:	e-Mail	
(organization of operating of position managementing)	randype name and the or office, it any		Cell No. (b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C)		(b) (7)(C)	(b) (6), (b) (7)(C)	
I declare that I have read the above charge and	d that the stateme	nts therein are true to the bes	t of my knowledge and belief.	
11. Address of party filing charge (street, city, state, and a (b) (6), (b) (7)(C)	12. DECLAR	RATION		
11. Address of party filing charge (street, city, state, and )	ZIP code)	1		
		(b) (6), (b) (7)(C)	11d s-Mail	
10. Full name of party filing charge (b) (6), (b) (7)(C)	- Partie - Company	11a. Tel. No.	11b. Cell No. (b) (6), (b) (7)(C)	
Maintenance Company	Janitorial se		50+	
Location of Plant involved (street, city, state, and ZIP code)     7000 Coliseum Way, Oakland CA 94621     Type of Establishment (factory, mine, wholeseler)		6. Employer representative to contact  Jose Chavez  al product or service  9. Number of Workers employed		
		4c. Fax No. 510 569 4246	4d e-Mail	
Name of Employer     AEG Management Oakland, LLC		4a. Tel. No. 510 383-4925	4b. Cell No.	

# WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA	DO NOT WRITE IN THIS SPACE	
NATIONAL LABOR RELATIONS BOARD	Case	Date filed
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS	32-CB-227909	9-19-2018
INSTRUCTIONS: File an original of this charge with the NLRB Regional occurred or is occurring.		the same and the s
LABOR ORGANIZATION OR ITS AGENTS	AGAINST WHICH CHARGE IS BI	ROUGHT
a. Name SEIU UHWW	b. Union Representative of Crystal Prior	to Contact
c. Address 560 Thomas L Berkley Way, Oakland, CA 94612-1602	d. Tel. No. 415-509-0190	e.e. Cell No.
	f. Fax No.	g e-Mail
<ul> <li>h. The above-named labor organization or its agents have engaged in and 8(b),(1)(A) of the National Labor Relations Act, and these unfair labor protections are unfair practices affecting commerce within the meaning of 2. Basis of the Charge (set forth a clear and concise statement of the facts. Within the prior six months, the above-named labor organize exercise of rights protected by Section 7 of the Act by refus overtime pay and being placed on paid administrative leave and/or in retaliation for filing charges and grievances.</li> </ul>	ractices are unfair practices affect of the Act and the Postal Reorgal constituting the alleged unfair la zation has restrained and sing to process the grieval	cting commerce within the meaning of nization Act. bor practices) coerced employees in the nice of (b) (6), (b) (7)(C) regarding

Name of Employer     Kaiser Foundation Hospitals		4a. Tel. No.	4b. Cell No.	
		4c. Fax No.	4d. e-Mail	
5. Location of Plant involved (street, city, state, and ZIP	code)	6. Employer representative to contact		
280 W Macarthur Blvd, Oakland, CA 94611	-5667	Jane Seidl RN, Nu	rse Manager	
Type of Establishment (factory, mine, wholesaler)     Hospital	Type of Establishment (factory, mine, wholesaler) 8. Principal product		Number of Workers employed     3000	
10. Full name of party filing charge (b) (6), (b) (7)(G)		11a. Tel. No.	11b. Cell No. (b) (6), (b) (7)(C)	
		11c. Fax No.	11d e-Mail (b) (6), (b) (7)(C)	
11. Address of party filing charge (street, city, state, and (b) (6), (b) (7)(C)	ZIP code)	RATION	1	
I declare that I have read the above charge ar	nd that the statemen	nts therein are true to the he	st of my knowledge and belief.	
(b) (6), (b) (7)(C)	(b) (6), (b) (		Tel No. 2010 SEF	
entative or person making charge) Print/type		name and title or office, if any	Cell No. (b) (7)(C)	
Address: (b) (6), (b) (7)(C)		Date:	Cell No. (b) (6), (b) (7)(C)	
			e-Mail D W (b) (6), (b) (7)(C)	

# WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA	DO NOT WRITE IN THIS SPACE	
NATIONAL LABOR RELATIONS BOARD	Case	Date filed
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS	32-CB-234314 1-16-2019	
INSTRUCTIONS: File an original of this charge with the NLRB Region occurred or is occurring.	al Director of the region in wh	nich the alleged unfair labor practice
1. LABOR ORGANIZATION OR ITS AGENTS	AGAINST WHICH CHARGE IS E	ROUGHT
Name     SEIU-United Healthcare Workers West	b. Union Representative (b) (6), (b) (7)(C)	The second secon
c. Address 560 Thomas L. Berkley Way Oakland, CA 94612	d. Tel, No. 510.251.1250	e. e. Cell No.
	f. Fax No. 510.763.2680	g. e-Mail
<ul> <li>h. The above-named labor organization or its agents have engaged in and (a)(1)of the National Labor Relations Act, and these unfair labor practice Act, or are unfair practices affecting commerce within the meaning of the</li> </ul>	es are unfair practices affecting	commerce within the meaning of the

Within the last six months, above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by its handling of the grievances for (b) (6), (b) (7)(C) regarding issued discipline and job transfer for arbitrary or discriminatory reasons or in bad faith.

Name of Employer Stanford     Hospital		4a. Tel. No. 650.497.8000	4b. Cell No. 650.723.7051
		4c. Fax No.	4d. e-Mail
Location of Plant involved (street, city, state, and ZIP code)     300 Pasteur Drive, Stanford, CA 94305		S. Employer represent     Ann Vives	afive to contact
Type of Establishment (factory, mine, wholesaler) Hospital	8. Principal product or service Health Services		9. Number of Workers employed 1000+
10. Full name of party filing charge நடுநார்		11a, Tel, No	11b. Cell No. (b) (6), (b) (7)(C)
		11c Fax No.	11d e-Maii (b) (6), (b) (7)(C)
1. Address of party filing charge (street, city, state, and (b) (6), (b) (7)(C)	ZIP code)	3 V CONTRACTOR OF THE STATE OF	
I declare that I have read the above charge an	12. DECL		st of my knowledge and belief.
(b) (6), (b) (7)(C)			Tel No.
sign		oe name and title or office, if any (b) (7)(C)	Cell No. (b) (6), (b) (7)(C)
Address. (b) (6), (b) (7)(C)		Date: *	Fax No.
		1-16-19	e-Mail (b) (6), (b) (7)(C)

	AL		UNI ED STATES OF A	MIF RICA
CHARGE AGAINST	LABOR ORGANIZA	ATION OR ITS	NATION L LABOR RELAT	MAN SOARDIS
	AGENTS		6 32-CB-23744	4 Date filed 03-11-2019
ISTRUCTIONS: File an occurring.	original of this charge v	with the NLRB Region	al Director of the region in whi	ch the alleged untair labor practice
	1. LABOR ORGANIZ	ATION OR ITS AGENTS	AGAINST WHICH CHARGE IS BE	ROUGHT
Name SEIU-United Health	care Workers West		(b) (6), (b)	(7)(C)
Address 560 Thomas L Berk	ley Way, Oakland C	CA 94612	d Tel. No. (510)251-1250	e.e. Cell No.
			f. Fax No. (510)763-2680	g (b) (6), (b) (7)(C)
exercise of rights pr	otected by Section 7	7 of the Act by thre	ike, and by causing the Er	coerced employees in the ss of union membership and mployer to deny work shifts to
			4a. Tel. No. 935-395-4655	4b. Cell No.
Name of Employer			4a. Tel. No.	4d e-Mai
Name of Employer Kaiser Foundation I	Hospitals	Control of the State of State	4a. Tel. No. 935-395-ULSC 4c. Fax No.	4d e-Mai - randel-du@kp.org
Name of Employer Kaiser Foundation I	Hospitals	i ZIP code)	4a. Tel. No. 935-ULST 4c. Fax No. 6. Employer representative	4d e-Mail - randel-du@kp.org
Name of Employer Kaiser Foundation I Location of Plant involve 1425 South Main St Type of Establishment (	Inspitals  (street city, state, and treet, Walnut Creek, fisciory, mine, wholesale	1 ZIP code) CA 94596	4a. Tel. No.  935-95-ULSC  4c. Fax No.  6. Employer representative  Randal Du Inpatier  oduct or service	4d e-Mail — candel.du@kp.org
Name of Employer Kaiser Foundation I Location of Plant involve 1425 South Main St Type of Establishment (	Inspitals  (street city, state, and treet, Walnut Creek, fisciory, mine, wholesale	d ZIP code) CA 94596 r) 8 Principal pri	4a. Tel. No.  935-395-ULST  4c. Fax No.  6. Employer representative Randal Du Inpatien oduct or service  11(b) (6), (b) (7)(C)	4d e-Mail - randel-du@kp.org e to contact  1 Pharmacy supervisor  9. Number of Workers employed 1000  1 (b) (6), (b) (7)(C)
Name of Employer Kaiser Foundation I Location of Plant involve 1425 South Main St Type of Establishment ( Hospital	Inspitals  (street city, state, and treet, Walnut Creek, fisciory, mine, wholesale	d ZIP code) CA 94596 r) 8 Principal pri	4a. Tel. No.  935-195-ULSC  4c. Fax No.  6 Employer representative  Randal Du Inpatier  oduct or service	4d e-Mail - randal-du@kp-org e to contact  1 Pharmacy supervisor  9. Number of Workers employed 1000  1 (b) (6), (b) (7)(C)
Name of Employer Kaiser Foundation I Location of Plant involve 1425 South Main St Type of Establishment ( Hospital (b) (6), (b) (7)(C)	Hospitals  ex (street city, state, and treet, Walnut Creek, fisciory, mine, wholesale, g charge	d ZIP code) CA 94596 r) 8 Principal pri	4a. Tel. No.  935-395-ULST  4c. Fax No.  6. Employer representative Randal Du Inpatien oduct or service  11(b) (6), (b) (7)(C)	4d e-Mail - randel-du@kp.org e to contact  1 Pharmacy supervisor  9. Number of Workers employed 1000  1 (b) (6), (b) (7)(C)
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A. Name of Employer Kaiser Foundation II  Location of Plant involved 1425 South Main St Type of Establishment ( Hospital  (b) (6), (b) (7)(C)  I declare that I her  (b) (6), (b) (7), (b) (7)	Hospitals  (street city, state, and treet, Walnut Creek, isciory, mine, wholesale g charge	ZIP code) CA 94596 r) 8 Principal pr	4a. Tel. No.  935-95-ULSC  4c. Fax No.  6 Employer representative Randal Du Inpatier oduct or service e  11 (b) (6), (b) (7)(C)  11c. Fax No.	4d e-Mail randal-du@kp-org e to contact of Pharmacy supervisor  9. Number of Workers employed 1000  1 (b) (6), (b) (7)(C)  11  (b) (6), (b) (7)(C)  st of my knowledge and belief. Tel No.
A Name of Employer Kaiser Foundation I  Location of Plant involve 1425 South Main St  Type of Establishment ( Hospital  (b) (6), (b) (7)(c)  I declare that I have	Hospitals  ec (street city, state, and threet, Walnut Creek, fisciory, mine, wholesale g charge  7)(C)  we need the above charge  (C)	ZIP code) CA 94596 r) 8 Principal pr	4a. Tel. No.  935-395-465  4c. Fax No.  6. Employer representative Randal Du Inpatier oduct or service  11(b) (6), (b) (7)(C)  11c. Fax No.	4d e-Mail randel-du@kp.org to contact nt Pharmacy supervisor 9. Number of Workers employed 1000  1 (b) (6), (b) (7)(C)  1 (b) (6), (b) (7)(C)  st of my knowledge and bellef.
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WILLFUL FALSE STATEMENT'S ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information on will cause the NLRB to decline to invoke its processes.

FORM NLRB-508 (6-18) FORM EXEMPT UNDER 44 U.S.C 3512

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
32-CB-239781	4-15-2019	

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. LABOR ORGANIZATION O	RITS AGENTS	AGAINST WHICH CHAI	RGE IS BROL	JGHT	
a. Name SEIU-UHW		0.00	Hector Ri		e to contact
c. Address (Street, city, state, and ZIP code) 560 Thomas L Berkley Way. Oakland CA 94612-1602	**************************************	1000111001100110011001100110011	d. Tel. No 510 251-		e. Cell No.
			f. Fax. No		
			g. e-mail		
h. The above-named labor organization has engaged in and is a (list subsections) (A) practices are practices affecting commerce within the meaning the Act and the Postal Reorganization Act.	100-00-00-00-00-00-00-00-00-00-00-00-00-	of the Nat	ional Labor R	elations Act,	and these unfair labor
<ol> <li>Basis of the Charge (set forth a clear and concise statement of Since 2018, the above -named labor organization had not been supported by refusing to process the grievances of (b) (working conditions for arbitrary or discriminatory reasons to file a grievance.</li> </ol>	as restrained a 6), (b) (7)(C) re	nd coerced employee garding <sup>(1)(6)</sup> desire to	s in the exe work extra h	rcise of rigi ours and o	vertime. Changes in
3. Name of Employer Kaiser Permanente		4a. Tel. No. 1-877-457-4772	b, Cell No	b, Cell No. c. Fax No.	
		d, e-mail		***************************************	
5. Location of plant involved (street, city, state and ZIP code) 3840 Homestead Road, Santa Clara CA 95051-4542	nen er wallen in derdag door	<u></u>		er represent ghes Clinic	ative to contact al Director
7. Type of establishment (factory, mine, wholesaler, etc.) Hospital	8. Identify p	nincipal product or servi	ce	9. Numbe 100	r of workers employed
10. Full name of party filing charge (b) (6), (b) (7)(C)	Constitution of States and Constitution of State	Market Marchael Marchael (Marchael Marchael Marc	(a) trace in the late of the late		00000 - Mile (
11. Address of party filing charge (street, city, state and ZIP code)	तैतारम्याः स्थापस्याः २६ स्था	11a. Tel. No. (b) (6), (b) (7)(C)	b. Cell No		o. Fax No.
(b) (6), (b) (7)(C)		d. e-mail (b) (6), (b) (7)(C)			
12. DECLARAT	ION inde and that the	hali alli da mario de la mario della mario		Tel. No.	Acathramient of your Property
(b) (6), (b) $(7)(C)^{\text{showe chain of my}}$	(6),	(b) (7)(C)		Cell No.	
Targette in expression their particular part		). (b) (7)(G)		Fax No.	100-100-100-100-100-100-100-100-100-100
(b)(6),(b)(7)	(C)	Date 4/15/19		e-mail	vinimiatorinimiatorinimiatorinimiat
	الكاسنية				

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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		DO NOT V	VRITE IN THIS SPACE
NATIONAL LABOR RELATIONS BOAR		Case	Date filed
CHARGE AGAINST LABOR ORGANIZATION AGENTS		32-CB-244894	07/12/2019
NSTRUCTIONS: File an original of this charge with occurred or is occurring.			The state of the s
	N OR ITS AGENTS AC	GAINST WHICH CHARGE IS BE	
<ul> <li>Name</li> <li>Service Employees International Union-Uni Workers-West</li> </ul>	ted Healthcare	b. Union Representative to (b) (6), (b) (7)(	
c. Address 560 Thomas L Berkley Way, Oakland, CA 94612		d. Tel. No. (510)251-1250	e.e. Cell No.
		f. Fax No. (510)763-2680	g. e-Mail (b) (6), (b) (7)(C)
<ul> <li>The above-named labor organization or its agents he 8(b), subsection(s) (1)(A) of the National Labor Relat the meaning of the Act, or are unfair practices affecti</li> <li>Basis of the Charge (set forth a clear and concise states)</li> </ul>	tions Act, and these up ng commerce within t	nfair labor practices are unfair he meaning of the Act and the	practices affecting commerce within Postal Reorganization Act.
Within the past six months, the above-name exercise of rights protected by Section 7 of arbitrary or discriminatory reasons or in back	the Act by refusir		
Name of Employer		I do Tol No	Tab Coll No.
Name of Employer     Kaiser Foundation Hospitals		4a. Tel. No. 510 307 1500 4c. Fax No.	510 418 6956 -
			510 418 6936 — 4d. e-Mail N
Kaiser Foundation Hospitals	code)	510 301-1500	4d. e-Mail N jimmiehoward@kp.grg
Kaiser Foundation Hospitals  Location of Plant involved (street, city, state, and ZIP)	code)	#10 301-1500 4c. Fax No.	4d. e-Maii N jimmiehoward@kp.grg
Kaiser Foundation Hospitals  Location of Plant involved (street, city, state, and ZIP 901 Nevin Ave, Richmond, CA 94801		4c. Fax No.  6. Employer representative Jimmie Howard En	4d. e-Mail jimmiehoward@kp.grg e to contact vironmental Services Director
Kaiser Foundation Hospitals  5. Location of Plant involved (street, city, state, and ZIP 901 Nevin Ave, Richmond, CA 94801  7. Type of Establishment (factory, mine, wholesaler)	8. Principal produ	4c. Fax No.  6. Employer representative Jimmie Howard En	4d. e-Mail jimmiehoward@kp.grg e to contact vironmental Services Director  9. Number of Workers employed
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Kaiser Foundation Hospitals  5. Location of Plant involved (street, city, state, and ZIP 901 Nevin Ave, Richmond, CA 94801  7. Type of Establishment (factory, mine, wholesaler)  Hospital  10. Full name of party filing charge	8. Principal produ	4c. Fax No.  6. Employer representative Jimmie Howard En act or service  11a. Tel. No.	4d. e-Mail jimmiehoward@kp.grg e to contact vironmental Services Director> 9. Number of Workers employed 500 11b. Cell No.
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Kaiser Foundation Hospitals  Location of Plant involved (street, city, state, and ZIP 901 Nevin Ave, Richmond, CA 94801  Type of Establishment (factory, mine, wholesaler) Hospital  Location of Plant involved (street, city, state, and given by the state)  Hospital  Location of Plant involved (street, city, state, and given by the state)  Address of party filing charge (street, city, state, and given by the state)	8. Principal produ Medical care	6. Employer representative Jimmie Howard En Jict or service 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No.	4d. e-Mail jimmiehoward@kp.grg e to contact vironmental Services Director  9. Number of Workers employed 500  11b. Cell No. (b) (6), (b) (7)(C)  11d e-Mail (b) (6), (b) (7)(C)
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Kaiser Foundation Hospitals  5. Location of Plant involved (street, city, state, and ZIP 901 Nevin Ave, Richmond, CA 94801  7. Type of Establishment (factory, mine, wholesaler) Hospital  10. Full name of party filing charge (b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state, and (b) (6), (b) (7)(C)  I declare that I have read the above charge are	8. Principal produ Medical care ZIP code)  12. DECLARA  that the statemen  (b) (6), (b)	6. Employer representative Jimmie Howard En Jict or service  11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No.	4d. e-Mail jimmiehoward@kp.grg e to contact vironmental Services Director  9. Number of Workers embloyed  500  11b. Cell No. (b) (6), (b) (7)(C)  11d e-Mail (b) (6), (b) (7)(C)  st of my knowledge and belief.  Tel No.  (b) (6), (b) (7)(C)  Cell No.
Kaiser Foundation Hospitals  5. Location of Plant involved (street, city, state, and ZIP 901 Nevin Ave, Richmond, CA 94801  7. Type of Establishment (factory, mine, wholesaler) Hospital  10. Full name of party filing charge (b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state, and (b) (6), (b) (7)(C)  I declare that I have read the above charge are (b) (6), (b) (6), (b) (7)(C)  (signature of representative or person making charge)	8. Principal produ Medical care ZIP code)  12. DECLARA  that the statemen  (b) (6), (b)	6. Employer representative Jimmie Howard En Jict or service  11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No.  ATION  ts therein are true to the bes (7)(C)	4d. e-Mail jimmiehoward@kp.grg e to contact Vironmental Services Director  9. Number of Workers employed 500  11b. Cell No. (b) (6), (b) (7)(C)  11d e-Mail (b) (6), (b) (7)(C)  at of my knowledge and belief.  Tel No.  (b) (6), (b) (7)(C)
5. Location of Plant involved (street, city, state, and ZIP 901 Nevin Ave, Richmond, CA 94801 7. Type of Establishment (factory, mine, wholesaler) Hospital 10. Full name of party filing charge (b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state, and (b) (6), (b) (7)(C)	8. Principal produ Medical care ZIP code)  12. DECLARA  that the statemen  (b) (6), (b)	6. Employer representative Jimmie Howard En  act or service  11a. Tel. No.  (b) (6), (b) (7)(C)  11c. Fax No.  ATION  ts therein are true to the bes  (7)(C)  ame and title or office, if any	4d. e-Mail jimmiehoward@kp.grg e to contact  Vironmental Services Director  9. Number of Workers employed  500  11b. Cell No. (b) (6), (b) (7)(C)  11d e-Mail (b) (6), (b) (7)(C)  st of my knowledge and belief.  Tel No.  (b) (6), (b) (7)(C)  Cell No. (b) (6), (b) (7)(C)

# WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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INTERNET FORM NLRB-508 (2-08)

#### FORM EXEMPT UNDER 44 U.S.C 3512

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

#### **CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS**

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
32-CB-254805	1-14-2020	

INSTRUCTIONS: File an original with NLRB Regional Director for the	region in which the alleged u	ntair labor pra	ctice occurre	ed or is occurring.
1. LABOR ORGANIZATION OR ITS	S AGENTS AGAINST WHICH			
a. Name		b. Union Rep	oresentative	to contact
SEIU-UHW (United Healthcare Workers West)		(b) (6), (b) (7	7)(C)	
		Title:		
c. Address (Street, city, state, and ZIP code)		d. Tel. No.	250	e. Cell No.
560 Thomas L Berkley Way		(510) 251-12	250	g. e-Mail
CA Oakland 94612		f. Fax No.		g. e-iviali
h. The above-named organization(s) or its agents has (have) engaged				
subsection(s) (list subsections) (1)(A) are unfair practices affecting commerce within the meaning of the A	or these unfair labor practi	ices are unfair	practices af	and these unfair labor practices fecting commerce within the
meaning of the Act and the Postal Reorganization Act.	<u> </u>		<u> </u>	
2. Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the alleged	d unfair labor <sub>l</sub>	oractices)	
See additional page				
See additional page				
3. Name of Employer		4a. Tel. No.		b. Cell No.
Kaiser		c. Fax No.		d. e-Mail
		o. raxrio.		d. O Maii
5. Location of plant involved (street, city, state and ZIP code)			6. Employ	er representative to contact
1 Kaiser PLZ FL 19 CA Oakland 94612-			Title:	
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or service	9. Numbe	er of workers employed
Healthcare				I
10. Full name of party filing charge		11a. Tel. No		b. Cell No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7) c. Fax No.	(C)	(b) (6), (b) (7)(C) d. e-Mail
		C. Fax No.		(b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state and ZIP code.)				(6) (6), (6) (1)(6)
(b) (6), (b) (7)(C)				
12. DECLARATION		Tel	No.	
I declare that I have read the above charge and that the statements therein are true to	the best of my knowledge and belie		(b) (6), (l	o) (7)(C)
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Cell	No.	N (7)(C)
	name and title or office, if any		(b) (6), (b)	J) (1)(U)
	Title:	Fax	INO.	
(b) (6), (b) (7)(C)		e-M		
(b) (6), (b) (7)(C) Address	(date)_ <sup>01/14/202</sup>			), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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## **Basis of the Charge**

Date Filed: 1-14-2020

#### 8(b)(1)(A)

Within the previous six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by refusing to process the Charging Party's grievance for arbitrary or discriminatory reasons or in bad faith.

UNITED STATES OF AMERICA			WRITE IN THIS SPACE
NATIONAL LABOR RELATIONS BOAR		Case	Date filed
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS		32-CB-259593	4-24-2020
INSTRUCTIONS: File an entered of this charge with occurred or is occurring.	the NLRB Regional I	Director of the region in wh	nich the alleged unfair labor
	NOR ITS AGENTS AG	AINST WHICH CHARGE IS	ROUGHT
a. Name Service Employees International Union - United Healthcare Workers West		b. Union Representative Vicki Jackson Kaiser Division Dir	to Contact
c. Address 56 Thomas L. Berkley Way, Oakland, CA 94	4612	d. Tel. No. (510) 251-1250	e, Cell No. (916) 425-8069
		f. Fax No.	g. e-Meil vjackson@seiu-uh
<ol> <li>Basis of the Charge (set forth a clear and concise sta Within the past six months, the above-name exercise opening and suspension of the regarding written warning and suspension</li> </ol>	ed labor organizat	ion has restrained and g to process the grieval	coerce nce of (b) (6), (b) (7)(C)
Name of Employer     Kaiser Permanente	- MAY	4a. Tel. No.	4b. Cell No. (510) 390-6862
Raiser Fermanente		(51) 752-1200 4c. Fax No	4d. e Mail todd.r.cunningham(
5. Location of Plant involved (street, city, state, and ZIP	code)	6. Employer representation	ve to contact
3701 Broadway, Suite 501, Oakland, CA 94	611	Todd Cunningham	
7. Type of Establishment (factory, mine, wholesaler)	8. Principal produ		9. Number of Workers em
Acute care hospital	Health care s		10000
10(b) (6), (b) (7)(C)filing charge		11a. Tel. No.	11b. Cell No.
(=) (=) (=) (=)		(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)
		11c Fax No.	<sup>11</sup> (b) (6), (b) (7)(C)
11 Address of party filing charge (street city state, and (b) (6), (b) (7)(C)	ZIP code)		
(b) (c) (b) (7)(C)	12. DECLARA	TION	***************************************
(b) (b), (b) (7)(C)	that the statement	s therein are true to the be	st of my knowledge and bell Tel No.
			1.5,13
By:	(b) (6)		(b) (6), (b) (7)(C)
(Si	Print/type any	name title or office,	(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)		Date:	Fax No.
(b) (b), (b) (r)(c)		11001	<sup>e-</sup> (b) (6), (b) (7)(C)
		7 20 (200	(b) (b), (b) (1)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODÉ, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et sag. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and

DO NOT WRITE IN THIS SPACE	
Case	Dale filed
32-CB-262734	07-07-2020
Director of the region in whi	ch the alleged unfair labor practice
AGAINST WHICH CHARGE IS BI	ROUGHT
d. Tel. No.	e.e. Cell No. (b) (6), (b) (7)(C)
f. Fax No.	g. e-Mail (b) (6), (b) (7)(C)
	Case 32-CB-262734  I Director of the region in whi AGAINST WHICH CHARGE IS BI b. Union Representative I  (b) (6), (b) (7)(C)  d. Tel. No.

Since about (b) (6), (b) (7)(c) 2020, the above-named labor organization has, for arbitrary or discriminatory reasons or in bad faith, restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by its handling of the verbal waring grievance of (b) (6), (b) (7)(C).

3. Name of Employer		4a. Tel, No.	4b. Cell No.
Dominican Hospital		831.462.7836	
		4c. Fax No.	4d. e-Mall Angeline.cardone@dignityhealth.or
<ol> <li>Location of Plant involved (street, city, state, and ZIP 1555 Soquel Drive, Santa Cruz, CA 95065</li> </ol>		6. Employer representative to contact Angelina Cardone	
7. Type of Eslablishment (factory, mine, wholesaler) Hospital			Number of Workers employed     About 800
10. Full name of party filing charge (b) (6), (b) (7)(C)		11a. Tel. No.	11b. Cell No. (b) (6), (b) (7)(C)
		11c. Fax No.	11d e Mell (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)	I ZIP code)		
I declare that I have read the above charge a	12. DECLAI		est of my knowledge and belief,
(b) (6), (b) (7)(C)			Tel No.
(		name and little or office, if any b) (7)(C)	(b) (6), (b) (7)(C)
Address (b) (6), (b) (7)(C)	;	Date:	Fax No.
		111120	e-Mail (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENTSolicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

(b) (6), (b) (7)(C)

INTERNET FORM NLRB-508 (2-08)

#### FORM EXEMPT UNDER 44 U.S.C 3512

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

#### **CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS**

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
32-CB-270218	12-11-2020	

INSTRUCTIONS: File an original with NLRB Regional Director for the	region in which the alleged u	ntair labor pra	ctice occurre	ed or is occurring.		
1. LABOR ORGANIZATION OR ITS	AGENTS AGAINST WHICH					
ı. Name			b. Union Representative to contact			
Seiu-Uhw		N/A N/A				
		Title:				
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No.		
2995 Moorpark Avenue		(408) 557-28	835	g. e-Mail		
CA Santa Clara 95128		f. Fax No.		g. e-iviali		
h. The above-named organization(s) or its agents has (have) engaged is subsection(s) (list subsections) (1)(A), (3) are unfair practices affecting commerce within the meaning of the Act meaning of the Act and the Postal Reorganization Act.	of the Natio	onal Labor Re	lations Act. a	and these unfair labor practices		
Basis of the Charge (set forth a clear and concise statement of the	facts constituting the allege	d unfair labor	nracticos)			
2. Basis of the Charge (section a clear and concise statement of the	racts constituting the alleged	иннан тарог ј	oractic <del>e</del> s)			
See additional page						
Name of Employer		4a. Tel. No. (408) 851-10	200	b. Cell No.		
Kaiser Permanente of Santa Clara Northern ca region	er Permanente of Santa Clara Northern ca region		000	d. e-Mail		
		c. Fax No.		d. O Maii		
5. Location of plant involved (street, city, state and ZIP code)			6. Employ	er representative to contact		
710 Lawrence Expressway CA Santa Clara 95051-			Title:			
7. Type of establishment (factory, mine, wholesaler, etc.)	Identify principal product	or convice		er of workers employed		
Healthcare	o. Identity principal product	OI SCIVICE	500	or workers employed		
	1	11a. Tel. No	<u> </u>	b. Cell No.		
10. Full name of party filing charge		(b) (6), (b) (7)		b. Cell No.		
(b) (6), (b) (7)(C)		c. Fax No.		d. e-Mail		
AA Address of a staffing above (1, 1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,				(b) (6), (b) (7)(C)		
11. Address of party filing charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C)	1					
12. DECLARATION	the heat of my knowledge and helic		No. (b) (6), (t	3V/7VC)		
I declare that I have read the above charge and that the statements therein are true to t  (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)		No.	, (r,(o)		
(signature of representative or person making charge) (Print/type in			140.			
(Filliutype I	Title:		No.			
(b) (6), (b) (7)(C)		e-M	1ail			
	(date) 12/11/202			), (b) (7)(C)		
Address	(date)		(3) (3)	, (-) (-)		

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

## **Basis of the Charge**

Date Filed: 12-11-2020

#### 8(b)(1)(A)

Within the previous six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by refusing to process the Charging Party's grievance for arbitrary or discriminatory reasons or in bad faith.

#### 8(b)(3)

Within the previous six months, the above-named labor organization has failed and refused to bargain in good faith with the employer.

FORM NLRB-508 (4-19)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE				
32-CB-270815	Date Filed 12/28/2020			

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

kers - West	b. Union Representat Crystal Pryor	ive to contact		
	d. Tel. No. (510) 251-1250	e. Cell No. (510) 612-1279		
	f. Fax. No. (510) 763-2680			
	g. e-mail			
of the Na	tional Labor Relations Ac	et, and these unfair labor		
4a. Tel. No.	b. Cell No.	c. Fax No. (510) 418-9594		
d. e-mail	(310) 410-333-			
	6. Employer represer	ntative to contact		
dentify principal product or sendical care	9. Numb 1000	er of workers employed		
11a. Tel. No.	b. Cell No. (b) (6), (b) (7)(C)	c. Fax No.		
d. e-mail (b) (6), (b) (7)(C)				
	(b) (c), (b) (	7)(C)		
/	e-mail			
	of the Na Act, or these unfair labor practicular to constituting the alleged unfair labor practicular to constituting the alleged unfair labor restrained and coerced (b) (6). (b) (7)(C) regarding (b) (6). (b) (7)(C) regarding (b) (6). (b) (7)(C) that the statements and belief.	in unfair labor practices within the meaning of section 8 of the National Labor Relations Ac Act, or these unfair labor practices affecting commerce with a constituting the alleged unfair labor practices) That restrained and coerced employees in the exercite (b) (6), (b) (7)(C) regarding termination, for arbitration (510) 752-2359  d. e-mail  4a. Tel. No. (510) 752-2359  d. e-mail  6. Employer representational product or service (b) (6), (b) (7)(C)  d. e-mail (b) (6), (b) (7)(C)  that the statements and belief.  Cell No. (C) (6), (b) (7)(C)  an Individual  Cell No. (C) (6), (b) (7)(C)  Cell No. (C) (6), (b) (7)(C)  Tel. No.  Cell No. (C) (6), (b) (7)(C)  Cell No. (C) (6), (b) (7)(C)  Tel. No.  Cell No. (C) (6), (b) (7)(C)  Tel. No. (C) (6), (b) (7)(C)  Tel. No. (C) (6), (b) (7)(C)  Cell No. (C) (6), (b) (7)(C)  Tel. No. (C) (6), (b) (7)(C) (C) (6), (b) (7)(C)		

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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FORM NLRB-508 (3-21)

#### FORM EXEMPT UNDER 44 U.S.C 3512

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

#### **CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS**

DO NOT WRITE IN THIS SPACE				
Case 32-CB-301334	Date Filed 08-10-2022			

INSTRUCTIONS: File an original with NLRB Regional Director for the				ed or is occurring.		
1. LABOR ORGANIZATION OR ITS	S AGENTS AGAINST WHICH			1		
a. Name			b. Union Representative to contact			
SEIU United Healthcare Workers West						
		Title: (b)	(6), (b) (7)(0			
		. ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No.		
FGO Thomas I Darkley Way		(209) 915-9	172			
560 Thomas L Berkley Way CA Oakland 94612		f. Fax No.		g. e-Mail		
on Guilland 6 16 12				(b) (6), (b) (7)(C)		
h. The above-named labor organization has engaged in and is engagir	na in unfair labor practices wit	hin the mean	ing of section	8(h) and (list subsections)		
(1)(A)	of the Natio	onal Labor Re	lations Act, a	and these unfair labor practices		
are practices affecting commerce within the meaning of the Act, or t	hese unfair labor practices are	e practices af	fecting comn	nerce within the meaning of		
the Act and the Postal Reorganization Act.			<i>(</i> : )			
2. Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the alleged	d unfair labor	practices)			
See additional page						
- oce additional page						
2 Name of Familian		4a. Tel. No.		b. Cell No.		
Name of Employer     Kaiser Permanente		(415) 515-2739		D. CON 140.		
Kaisei Feimaneine		c. Fax No.		d. e-Mail		
				Jeff.Renteria@kp.org		
5. Location of plant involved (street, city, state and ZIP code)				ver representative to contact		
1 Kaiser Plaza			Jeff Ren	teria		
CA Oakland 94612						
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	t or service 9. Numbe		er of workers employed		
10. Full name of party filing charge		11a. Tel. No	).	b. Cell No.		
(b) (6), (b) (7)(C)		(b) (6), (b) (7)	(C)			
(b) (o), (b) (7)(c)		c. Fax No.		d. e-Mail		
11. Address of party filing sharge (-tw-st-site state and 7/D and a)				(b) (6), (b) (7)(C)		
11. Address of party filing charge (street, city, state and ZIP code.) (b) (6) (7) (C)	1					
12. DECLARATION		Tel	. No.			
I do (a) (b) (c) (7)(c) have read the above charge and that the statements are true to the	best of my knowledge and belief		(b) (6), (l	o) (7)(C)		
(b) (6), (b) (7)(C) Cell No.						
(signature of representative or person making charge) (Print/type	name and title or office, if any					
		Fax	No.			
(b) (6), (b) (7)(C)						
		6-1		), (b) (7)(C)		
Address	(date)_08/10/2022	08:22:43 PM		(D)(/)(C)		

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

Case 32-CB-301334 Date Filed: 08-10-2022

## **Basis of the Charge**

#### 8(b)(1)(A)

Within the previous six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by refusing to process the Charging Party's grievance for arbitrary or discriminatory reasons or in bad faith.